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THE

CHICAGO

MEDICAL JOURNAL.

EDITED BY

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

AN ADDRESS READ BEFORE THE ESCULAPIAN SOCIETY OF THE WABASH VALLEY,

HELD AT PARIS, ILLINOIS, ON THE 29TH OF OCTOBER, 1857.

BY E. READ, M. D., OF TERRE HAUTE, INDIANA.

MR. PRESIDENT AND GENTLEMEN OF THE ESCULAPIAN SOCIETY:

I have witnessed with the profoundest pleasure the proceedings of your Society, from its formation up to the present time, and although I have not had the good fortune to meet with you at any time before this, yet I have been apprised of the action of each one of your meetings, which, I can assure you, has received my heartiest approbation. I am gratified to have the privilege of meeting with you on this occasion, and I am still more gratified, to witness so much earnestness on the part of intelligent medical gentlemen in the pursuit of knowledge, and in the desire of elevating, if possible, the most dignified, the most useful, and the most humane of all professions.

I regret, however, my inability to aid you in your laudable undertaking, as much as I could wish, or to bring you an offering, which would make you wiser or better physicians.

So far as I can, however, in the short time I have appropri-

ated to this purpose, I will offer for your consideration some of the changes I have witnessed in the treatment of diseases since I commenced the practice of medicine. I may also advance some theories, which may not be consonant with your own views, but, if by so doing, I may direct your attention to doctrines, which, in my opinion, should long since have been expunged, notwithstanding you may disagree with me, yet I shall flatter myself that you will unite with me in investigating the subjects I shall present, and in earnestly seeking for what may be true and what false. And I may here be indulged in the expression of opinion, that there is nothing so hurtful to advancement in science and knowledge as prejudice, which consists, in the sense I here use it, of opinions so long taught, that they are regarded too sacred to be changed. It is a part of our nature to venerate the things which have been taught us, as venerated by our fathers before us. It is one of the great struggles of life, to abandon those things which we have loved and cherished.

It is the blotting out of impressions, which have been the dream-like ideals of all that is beautiful and good. It is striking out the sunlight of our memories, and giving to us the whirlwind and the storm. It is inviting us from that which we have been taught is true and reliable, to that which is unknown and unexplored.

Is it, then, not wonderful that any should have the temerity to abandon the known for the unknown?—that any should be found willing to sacrifice the luxurious ease already prepared for enjoyment, for the toils and anxieties incident to the investigation of subjects not well settled? Hence, we find, that doctrines once established and once received, are difficult to change. Few are found willing to attack them—few bold enough to lay the axe at the root. In the primitive ages, and in the primitive state of our art, it was even more difficult than now, because all knowledge was founded on observation, and any deviation from that was a criminal offence.

The sick were in early ages exposed in public places, so that any who passed by, and who had been similarly attacked and cured, might give their advice for the benefit of the suf-

ferers. At a somewhat later period, another method was adopted, which was an improvement, and which was better calculated to accelerate the progress of the art, and at the same time more humane, because the sick were not exposed to the public gaze.

It was this: all who were cured of disease were required to go and make an inscription in the temples of the symptoms of their disease and the curative agents which had been beneficial to them. These records were kept with the same care as the archives of the nation. They were religiously preserved for the benefit of the diseased, and for a long time every one had access to them, and had the privilege of choosing for his own sickness or that of his neighbor's the mendicaments of which experience had taught and confirmed the value. This was, perhaps, the very best and safest method which could at that time have been adopted. It was the knowledge exclusively of observation which has ever been recognized as of so much value. From this rich depository of facts, written with simplicity and truth, correct and reliable principles were deduced for the practice of medicine.

But presently, as these were all written in that temple, the many were excluded and the priests had the entire control and became by law the privileged class, having the exclusive right to practise medicine. Out of this great roll of facts they formed a medical code, a kind of digest, which was called the *sacred book*, and from its directions they were never permitted to vary.

How many at this day, let me ask, have their sacred books of practice, from whose precepts, right or wrong, they never vary? If, in following the rules there laid down, they could not save their patients, they were not held responsible, but on the contrary, they were punished with death if, after departing from them, the result did not justify their course.

It is not presumed that many would dare transcend a law so rigid and exacting, hence all progress was arrested, and the sacred pages alone were regarded incapable of having faults upon their face. The correctness of their principles having been first established they became the law. It was regarded

that practice confirmed by long experience and supported by the authority of the greatest masters of the art, was preferable to the limited experience of each particular physician.

It is a singular coincidence, and shows either a common origin of the races or the justness and universality of the law, that at a period nearly four thousand years distant, and in our own continent, and among its wild savages, we find a very similar usage to prevail.

I shall scarcely deem an apology necessary for using the language of Surgeon Moses of the U. S. army, in describing the usages of the Chinook Indians, who reside in Washington Territory, in regard to the treatment of the sick by their medicine men.

In ordinary cases of sickness, the aid of the medicine man or doctor is called in. This individual is held in high estimation, and demands large fees for his advice and services; these are given at a vast personal risk, and somewhat upon the terms of their advertising professional brethren in large cities.

Upon visiting the patient and receiving his fee, the doctor goes actively to work to drive out the evil spirit from the suffering body, where it has assumed the form of a wolf, a beaver, or large stone.

Should the unhappy victim of Esculapian art fortunately get well, the doctor remains in the enjoyment of his professional gains. Should death, however, have knocked at the door of the lodge during these mockeries, as he invariably does in some cases, the doctor not only has expended his time and labor for nothing, but now has forfeited his life, by failing to restore his patient to health. If he can compromise the matter with the relations and friends of the deceased, by paying his value, estimated in horses, blankets, canoes, he redeems his own life, but failing to satisfy the demands of the afflicted, who are very exacting, he may not expect to live to see the sun rise many times.

In this case, no less than in that of the priests of Egypt, who were governed by the *sacred book*, there was but little temptation to depart from known usages and precepts. I am just here reminded of the propriety of correcting a very popular

error in regard to Indian knowledge of the medicinal virtues of the plants of the country and of their wonderful skill in curing diseases.

I have examined with much care, the reports of our army surgeons, who have been stationed in the Indian country at the north, east, south, and west. Their universal testimony is, that they have no knowledge of diseases and have none of the medicinal virtue of remedial agents. They declare them incapable of curing a snake bite, or any of the simplest diseases which common experience, with common foresight, would seem to teach. Their females suffer greatly from uterine diseases, and have as much parturient suffering, as falls to the lot of those in the enjoyment of the luxuries of civilization. We so frequently hear of "Indian doctors," who can cure all diseases, because they have derived from the Indian, directly or indirectly, this treasured wisdom, that it is well to keep ourselves advised of the truth, that we may counteract and crush out this kind of humbuggery.

A few years ago I acquired a good deal of reputation with a band of Ottoe Indians by an antimonial prescription, which was so happily suited to their cases, that they insisted on having as much of the medicine to last their journey, in case they needed it. They had a medicine man with them, but he made no pretensions to skill, and was amazed at the prompt and efficient action of the medicine I administered.

When I commenced the practice of medicine, there was no remedy in such universal repute as bleeding. It was regarded absolutely necessary to premise any treatment by letting blood. No other remedy could be used as a substitute. No matter what the disease, the amount of the circulating fluid must be diminished. If any by chance escaped, it was then regarded doubtful whether recovery were possible. An almost universal mania had seized upon the minds of physicians, and teachers and writers recommended it as a panacea. To be an expert phlebotomist was almost as valuable as to be the prince of surgeons, and one who had a reputation of this kind could see the blood flow from morning until evening without leaving his office, from the army of droppers in, to be bled, because they were not exactly well, or had some real or imaginary disease.

The women had to be bled when they were pregnant, and when they were not, with a view of becoming so. The girls had to be bled for amenorrhœa, and when spring came there was a universal bleeding and drinking of sassafras tea. I became so accustomed to the appearance of the blood at that time, that from it alone I could form a pretty good idea of the disease without any other aid. I was for a short time connected professionally in Cincinnati with a very excellent physician, a graduate of the University of Pennsylvania, and I saw him bleed a man for dropsy for twenty consecutive days. There was scarcely any coloring matter left in the blood, and he was terribly pale and death-like. As long as he dared, he bled him. He recovered, however, from the dropsy, and the physician was pronounced the best dropsy curer in the city. The bleeding was resorted to in that case under the impression that it increased the absorbent system and stimulated it to greater activity, and in that way carried out of the system the excess of water.

This method of treating dropsy was that recommended and used by Hippocrates, who was a great bleeder. He cured enlargement of the spleen and dropsies by venesection. He bled boldly and freely, even to fainting, and would sometimes open veins in both arms at once. He informs us that he bled occasionally in the hands, ankles, hams, forehead, tongue, nose, behind the ears, the breasts, and under the arms. Speaking of the nose brings to my mind some one that wished me to bleed him in the point of the nose many years ago. I suppose some believe Hippocrates recommended it. I found it an easy matter to obtain blood, and repeated it in his case several times. Dr. Rush was a great admirer of Hippocrates, and I presume the bleeding in dropsy came into vogue through him. He speaks of it as the first remedy to be used in this disease. Dr. Monroe quotes a case of dropsy from Epenius, in which bleeding succeeded, but not till after it had been used twenty times. "I could add," says Rush, "the histories of many cases of anasarca and ascites performed by means of bloodletting, not only by myself, but by a number of respectable physicians in the United States. Indeed, I conceive this

remedy to be as much indicated by a tense and full pulse, in these forms of dropsy as it is in a pleurisy or in any other common inflammatory disease."

The aged and infirm, the strong and robust of middle life, and the tender little infant, were all alike amenable to the law which declared bleeding to be omnipotent. I have impressed indelibly on my mind one of the first cases I ever had the charge of. I was called just after daylight one fall morning to ride three miles in the country to see an infirm and delicate old lady of 65 years, who was said to be in a singular condition. When I arrived, I saw my patient sitting in a rocking chair, dressed with great care and neatness, but having a wild and frightened look. She was constantly picking at her dress, as though removing something disagreeable to her. She had the exact appearance of one with delirium tremens. She gazed intently upon me, but made no response to my interrogations. I examined her carefully, for she made no resistance, although she seemed alarmed. As you might expect, I found her tongue with a white coat upon it—a very small, feeble and frequent pulse. I was a good deal puzzled. I hesitated in my own mind whether it was inflammation or a nervous disease. It had come on suddenly. She had gone to bed the evening previous in her usual health. At length, I resolved it to be some kind of phrenic and insidious inflammation, that required the lancet. I bled her, applied a blister to the back of her neck, gave her ten or fifteen grains of calomel with a little rhubarb, and in twenty-four hours she was dead. Under any treatment she may have died, but I am persuaded I was myself greatly benefited by the case. It led me to reflect more, and to question the truth of all which is written and taught.

If a little child at that time was seized with any disease, which created excitement in the circulating system, the physician turned its head to one side and opened the jugular vein with the greatest possible adroitness. The venous system was carefully studied with a view to the nicest selection of veins in different parts of the system—the neck, the arms and the feet. The old ladies had a wonderful penchant for foot bleeding.

I used frequently to bleed the medical gentleman referred to

in the case of dropsy. His preference was the temporal artery, and I could with skilful nicety cut down upon it and then make my puncture. From constant use, most physicians were skilful phlebotomists or venesecters.

This ancient and almost universal method of treating diseases probably had its origin in the humeral pathology, and this was regarded a very direct method of ridding the system of some of its peccant and morbid humors. It received, however, for a time a check, when the doctrines of Cullen began to be received in the profession.

He taught in opposition to the ancient theories, that the first changes induced in the animal system by the operation of the exciting cause of fever is a diminution of the energy of the brain; that all the powers of the body and all the faculties of the mind, that the functions of sensation and motion, the process of respiration, circulation and secretion, all fail, or are diminished in the general debility; that after a certain time a morbid increase of some of these functions, especially of the circulation, takes place, with an augmentation of the heat; that these three states, that of debility, of cold and of heat, bear to each other the relation of cause and effect; that the first state is the result of the sedative or debilitating influence of contagion, marsh miasma, cold, or any other exciting cause, and the subsequent states the result of the first; that the debility produces all the phenomena of the cold stage, and especially a spasmodic constriction of the extreme arterial vessels; that this spasm or atony of the extreme vessels exists not only in the first attack of the cold stage, but remains during the whole subsequent course of the fever; that the spasm of the extreme vessels throws a load of blood on the central parts of the circulating system, which proves a source of irritation to the heart and arteries, and excites them to a greater action; that this increased action, the source of the heat and the other phenomena which constitute the second or hot stage, continues till the spasm is relaxed or overcome; and that this excitement of spasm for the purpose of producing the subsequent reaction is a part of the operation of the *vis medicatrix naturæ*, the innate preserving power of the constitution.

In his own language, this distinguished theorist says our doctrine of fever is explicitly this: The remote causes are certain sedative powers applied to the nervous system, which, diminishing the energy of the brain, thereby produces a debility in the whole of the functions, and particularly in the action of the extreme vessels. Such, however, is at the same time the nature of the animal economy, that this debility proves an indirect stimulus to the sanguiferous system; whence, by the intervention of the cold stage and spasm connected with it, the action of the heart and large arteries is increased, and continues so till it has had the effect of restoring the energy of the brain, of extending this energy to the extreme vessels, of restoring therefore their action, and thereby especially removing the spasm affecting them; upon the removing of which, the excitation of sweat and other marks of the relaxation of the excretories take place.

Brown, the pupil of Cullen, taught a like doctrine; except that he regarded fevers even more the result of a debilitating agent; that it was the greatest debility compatible with life and not long compatible with it. During the reign of the doctrines of these extraordinary men, blood-letting was not in accordance with their notions, and stimulants and roborants were the remedial agents employed. These were generally esteemed doctrines of heterodoxy, although in reality they were greatly in advance of the age in which they lived. As their novelty wore away, they were cast aside for the more ancient notions, which now had engrafted upon them inflammatory doctrines that called more loudly than ever for the lancet. At the head of this class of medical philosophers in our own country was the celebrated Dr. Rush, who acquired a world-wide reputation for the doctrine which he advanced and practised upon, to bleed in the yellow fever, and to administer his dose of ten grs. calomel and ten of jalap, which acquired the sobriquet of Rush's ten and ten.

A more enlightened era having dawned upon medical science, this disease is now treated upon more rational principles.

The influence which Rush had acquired in America by his writings and public teachings had much to do, I have no doubt,

in confirming in the minds of medical men not only the utility but the absolute necessity of blood-letting in most diseases.

Even at this day, our schools teach the propriety of bleeding in pneumonia, and its general antiphlogistic treatment. For many years I followed this treatment, which, however, almost always failed in accomplishing what I expected, and consequently did not meet my approbation. I followed it no longer than I found a more rational and successful method of treating the disease.

I was forced to relinquish my preference for cherished notions when I found that bleeding and antimony did not cure the disease. I was forced to abandon a treatment that so rapidly diminished the powers of life, when I saw its pale and haggard victims with their shattered constitutions, and when I saw those advanced in life so especially obnoxious to it, in whose constitutions the possibility of inflammation could scarcely exist. Does not reason and common sense abjure all antiphlogistic notions in a class of patients like those I have here cited? And I would appeal to the intelligent medical gentlemen who are my auditors, if our pneumonic or winter-fever patients are not of those whose constitutions are broken with previous disease, mostly ague, and those advanced in life. Is not the winter and spring peculiarly the season of death to the old and infirm, and the disease of which they die pneumonia? Would you not rather tranquilize the system and equalize the circulation, and maintain the diminished and wasting powers of life with opiates, stimulants and tonics? I might enter at length upon the pathology of this disease had I leisure. In this region its study is pre-eminently important, as it is the prevailing disease in the winter and spring months.

Last year, I had a little son absent from home at school. I received in the month of February a letter from his teacher, saying that he was seized with a violent disease and was very ill. I immediately took the cars, and the next morning was with him. As I entered the gate I met the attending physician, just leaving from his morning visit, who very politely went back with me to give me the history of the case and his treatment. Four days before that, at night, he was exposed at a public

exhibition, in a heated and crowded room, to a draft of cold air. Before morning, he was seized with violent and suffocating coughing, with pain in the side, and the doctor was sent for before daylight. On his first visit, he informed me that he bled him, and applied a blister to his side, and immediately administered a dose of calomel. As soon as that had operated, he put him on antimony, which very soon acted on his bowels, and for two days and nights he had involuntary discharges every few minutes. To check these, he gave small doses of calomel, and when I met him on my arrival, he had just given his morning dose of calomel, and had left antimony to use through the day. His skin was hot and dry, and his pulse very much excited. The doctor said that he regarded it very strange, that his skin did not become moist under so free a use of the antimony, but he intended to give it in increased doses that day to induce perspiration. After the doctor left, I sent to a druggist and procured a little Dover's powder and quinine. I immediately gave him a few grains of the Dov. powder, and in twenty minutes he was bathed in a profuse perspiration, which continued under the repetition of the powder once in six hours. In the meantime I gave him quinine freely, and in a few days he had recovered, except his strength, which required a good while to regain. When the doctor made his evening visit (for I requested a continuance of his calls, although I did not expect to use his medicine or his knowledge), he was amazed to see the favorable change which had taken place, all of which he ascribed to the virtues of his antimony. I did not undeceive him, because I thought he was too old to learn, and would think that I was disposed to find fault with his practice. He was a feeble little boy, not fourteen years of age, and had been subject to just such attacks all of his life, and was always cured by a teaspoonful of paregoric and a little sweet oil. The doctor regarded it pneumonia, when in fact it was spasmodic croup, and he had accordingly resorted to the most heroic antiphlogistic treatment to cut short the terrible inflammation which he thought would speedily consume him.

Now, in this case, any one can see that the child's life was really endangered by the medicines, and that in all human

probability he would have died from antimony if the treatment had not been stopped. Whenever, in any disease, involuntary discharges from the bowels are induced from the use of antimony, every additional dose positively *endangers* life. There is no remedy more potent for good or for evil than this, and its use requires the greatest care and caution. I have long since abandoned it in the treatment of pneumonia, and have substituted remedies which I regard more in accordance with its pathological condition, and which in my hands have been greatly more successful than when I relied upon the antiphlogistic treatment.

In the treatment of fevers, when I first became connected with the profession, emetics, purgatives, alteratives, diuretics, and diaphoretics, were all liberally used. Emetics, after bleeding, were resorted to; then whatever morbid matter was left in the system, was to be purged out, according to Hamilton's theory, whose work on the use of purgatives was greatly admired. If, by chance, anything was left after that, the skin and kidneys were required to finish the work. The theory of critical days had not yet been laid aside, and the 7th, 14th, and 21st, were anticipated with fear and trembling. It was not thought that a fever could be cut short from a definite course. Patients were almost starved, and cold water, except in a limited quantity, was carefully withheld. Medicine was given almost hourly, which, with the disease, exhausted the powers of life very rapidly, and a much larger proportion died then than now. They seemed to entertain very curious notions in regard to the secretions, and it was rarely, if ever the case, that the doctor could be satisfied on this point. There was too much or too little bile in the system, and the liver was blamed for everything. The tongue had to be perfectly clean, before tonics could be resorted to; the consequence was that the patient either died or recovered before the term had arrived, when prudence and propriety indicated their use. It is gratifying to reflect, that with the rapid progress, which has in the last few years pervaded all pursuits of life, the science of medicine has kept pace, shedding its blessings upon the whole human race, and sparing from pain and

death those, who most of all others, look to us for aid and sympathy.

Epidemics, which formerly terrified the nations by their desolating and unchecked progress, have been almost shorn of their terrors. Vaccination has stayed the prevalence of small pox, and cholera is less fatal than formerly. Human suffering is shortened and human life lengthened.

The hospital reports of Paris show that while in 1805, one in seven of those admitted died, now but one in twelve; thus showing that our science has increased in its ability, in the same buildings, in a little over fifty years, to save life seventy-one per cent. In other words, when formerly fourteen men died in each hundred admitted, now only eight die, a saving of six persons in a hundred. Not only is the mortality in this wise lessened, but the duration of disease is diminished. Formerly, the residence in the same hospitals referred to was thirty-nine days, now twenty-four—a difference of fifteen days since 1805.

In the treatment of special diseases, the improvement has even been greater. In the same time, one in fifty-six cases of syphilis died, now one in two hundred and ninety-four. According to Dupin, in France, the duration of life has been increasing, equal to fifty-two days for each year, from 1776 to 1842, or nine and a half years for the whole period. The increase per annum was no time less than nineteen days.

In London, at the present time, one in forty dies, formerly one in twenty died.

In obstetrical practice, an hundred and fifty years ago, one in forty died, now less than one in two hundred and fifty. The statistics of the hospitals of our own large cities show results similar to those in Paris. In the last seventy-five years, life has been prolonged more than twenty-five per cent, and the duration of treatment lessened more than one-third.

Facts are not to be disputed, and I have referred to these with peculiar pleasure as the highest evidence of the wonderful advancement in the science of medicine. Surgery, too, is disrobed of most of its terrors and pains—a blissful sleep overtakes the subject, from which the keenest blade does not arouse him. Our own country has contributed largely to these ad-

vancements. Chloroform was an American discovery. But recently a gentleman of Georgia has discovered a new class of nerves, which he calls the excito-secretory. England and France claimed the discovery, but an investigation gave the palm to our own. Marshall Hall, just before his death, declared it an American discovery. In pathological investigations, I think American physicians are in advance of all others. And in topography, the work of a western physician, Dr. Drake, has no parallel. It is the most learned work that has ever been written on that subject, and I doubt whether any other age can produce a similar one.

Dr. Armstrong, who has written the most learned work upon typhus fever in the English language, and who advocated opinions greatly in advance of the age in which he lived, had much to do, I have no doubt, in introducing a more rational treatment of fever. It was long after his death before his views obtained a favorable reception, but his strong reasoning gradually took hold of the minds of men and led them to think and reflect.

Marshall Hall's work upon the loss of blood was another lever that was brought to upturn many of the old notions, and when we add to that the universal scourge from 1830 to 1833 of all Europe and America by cholera, a disease which clearly indicated a stimulant and tonic treatment to maintain the powers of life which in a few hours were wasted away, we have a combination of causes which wrought a change in the sentiment and practice of medicine.

Another cause I will add, which I have no doubt has had a considerable influence in increasing our confidence in *vis medicatrix naturæ*, which is the doctrine introduced by Hahnemann, and known as that of homœopathy.

We either had to concede that the doctrine of infinitissimal doses had some curative effects, or that nature, left to its own recuperative powers, could restore to health. The latter was most in accordance with our pride of opinion, and was generally adopted; and in adopting it, we were compelled to relax our hold upon the heroic doses which had so generally been adopted by the profession. Out of a doctrine, then, which we viewed

with contempt for its ultraism, we are constrained to admit much good has arisen. In addition to and from these causes men have been led to think and reflect—atmospheric and terrestrial causes of disease have been carefully investigated, and the curative influence of remedies in new combinations patiently studied—theory has yielded to the known truths of observation, and our hospitals are the great storehouses of facts from which floods of light are pouring out to bless and preserve mankind—science is rapidly drawing aside the veil which has obscured our mental vision, and the light of truth and knowledge is opening a new era.

It may not be improper to mention yet another—the extraordinary excitement of the nervous system in this the most extraordinary of all ages, when the millions of our busy population are swaying to and fro under the mightiest impulses that ever controled the human mind or ruled its actions—when men rush to the sea, and upon its surface in multitudes for the rich returns and gains of a prosperous commerce—when the great prairies of our newly-opened territories are dotted with human beings seeking new homes—when machinery has attained the highest perfection, and when the human mind is wrought to its highest tension in every pursuit that enriches, enlightens or advances society. Is it wonderful that in such an excited state, the opiate and tonic treatment of disease is forced upon the minds of medical men?

> "Already commences a new order of famous ages."
> "*Magnus ab integro sœculorum nascitur ordo.*"

It was formerly rarely the case that any disease was treated many days without a salivation. This practice very generally obtained and was resorted to in acute as well as chronic diseases. It arose from an opinion advanced I think by John Hunter, that no two diseases could exist at the same time in the same system, and that when it was brought under the influence of mercury the disease would be displaced; hence it became the object of the physician, in every disease considered of a grave character, to ptyalise as speedily as possible. Tumid faces and the mercurial odor was to be found in almost every sick

room. I have seen some frightful ravages of the soft and osseous tissues from the effects of mercury. Although patients rarely died from mercurialization, yet, when it was severe, the system was very much shattered, and a perfect state of health was rarely expected afterward. I have seen two or three children die from it, the whole lip and a portion of the cheek having been carried away. A few years ago I removed a portion of the inferior maxilla, which was necrosed, together with the teeth, from a little boy, six years of age, which was induced by ptyalism.

The remedy was very frequently of a more serious character than the disease; such being the case, it became a matter of no small importance to study those remedies which would soonest arrest it, or would most surely check the pain. A great variety of topical applications were in use, and internal remedies were constantly resorted to.

It was regarded a matter of so much importance, that I wrote my graduating thesis, *De usu emeticam in ptyalismo Cohibiendo*, in the use of emetics in arresting salivation. The indiscriminate use of mercury lessened to a certain extent public confidence in physicians, and ignorant quacks availing themselves of the prejudice, raised a wonderful hue and cry against all regular practitioners. Every published quack remedy was positively declared to be entirely free from all mercurial preparations.

It was to combat mercurial preparations that Thomsonianism, in part, had its origin. Prejudice carried a certain portion of community so far, that they were willing to adopt any apparently rational expedient, rather than submit to the chances of being salivated.

This Dr. Thomson had for a partner, a very shrewd quaker, named Horton Howard, who resided in Columbus, Ohio, and who had charge of the sale of all the family rights to practice medicine in the West. He became wealthy from it, and was a man of much influence. Before the cholera made its appearance in 1832, he promised the community in which he resided, that his lobelia and capsicum, with his hot baths, were omnipotent in this disease. It so happened, that the cholera, after it

crossed the lakes from Canada in 1832, made its appearance in Columbus among the first towns. True to his promises, he diligently applied the instruments of his art, but in spite of lobelia, capsicum, and steam, his patients, as those of other men, died. A son-in-law, one of the most popular of American poets, died of it, under his treatment—the poet's wife and their children. A son and another daughter of the quaker, his own wife, and finally himself—all died martyrs to steam practice. Being a family of so much note and at the head of Western steam, it created a good deal of trembling among his brethren, for he had issued his confidence bulletins to his followers everywhere, and they regarded him infallible. This was during the palmy days of steam, and when they supported a college at Washington, with teachers in every department.

It was a paralyzing blow to the system in Ohio, and led men to doubt the truth of their vaunting promises. Notwithstanding, it flourished for many years after that. It had a sickly growth; its great head was gone; and, I presume, at this time in intelligent communities, few will anywhere be found advocating a doctrine of so few merits.

There is scarcely anything connected with the practice of medicine, which has undergone a greater and more favorable change within the last few years, than the dietetic rules prescribed for the sick. It was formerly the case, that those who were so unfortunate as to be sick, were doomed, not only to bleeding and puking and purging, but almost to absolute starvation. They had not only to contend against the disease, but against the remedies to which they were subjected for its cure. The strength of the patient was diminished as rapidly as possible, and I have no doubt, many died from actual exhaustion, caused by depressing remedial agents, and the lack of food enough to support life. I have, for many years, been in the habit, not only of permitting some food to be taken, but prescribing it as one of the means to aid a restoration of health. I know of no disease which will not be benefited by the use of some food every day, and here let me enter my solemn protest against all the slops, tasteless, nauseous, uninviting, and unsupporting, which are usually ordered for the sick. A healthy

stomach would revolt at their introduction, and I am sure a sick one could only tolerate them as medicine and not as food.

Whatever is ordered for the sick should be nutritious and palatable, then the less quantity will be required. I have seen tapioca and sago and rice forced upon little children until the very sight of these would cause them to vomit, and I do not hesitate to declare, that I would regard it fortunate for the sick, if these articles of diet were forever blotted out. Let the various preparations of animal diet take their place, and we have that which is more palatable and more nourishing.

The tastes of the sick are sometimes, not only very capricious, but very peculiar, setting at defiance all dietetic reasoning. I once had a patient, a delicate young man, who had been suffering for a good while from indigestion. In fact, he could eat nothing which would not in a short time be rejected. He lost flesh and was very low spirited. I blistered his stomach and regulated his bowels and kept him down to the starving point, according to the nicest and most approved method of Wilson. I visited him daily until I became discouraged with my want of success. All that I did seemed of no avail. On one occasion, after he had been kept to my entire satisfaction, upon toast and tea and cracker, and a moiety of soft boiled egg and a little wine whey and chicken soup, so delicate from a mere dipping in of the fowl, he asked me if I would permit him to have a little cabbage soup. "*Cabbage soup*," I responded; "*no sir.*"

I was all the time puzzled in my own mind to know what sort of a mixture this could be, but I resolved that anything composed of cabbage would not do, hence my refusal. Next day, he ventured to remark again that he could relish a little cabbage soup. I denied him again. The third day, he repeated his cabbage soup request, to which I reluctantly assented, as I did not wish to be a *particeps criminis* in recommending what all human reason, under like circumstances, would declare to be hurtful. Well, at my next visit, he informed me that he had had a good time with his cabbage soup, that it had laid well upon his stomach, and that he felt greatly better. What could I do but to permit its continuance. He did continue it, and recovered rapidly from the day he commenced its use. I never

inquired what his cabbage soup was made of, and to this day, I am ignorant of its composition. This will admonish us of the fact, that the appetite is oftentimes the very best index of what the stomach will bear, and what the system requires. It seems to stand as a sentinel, to invite that which is beneficial, and to reject that which is hurtful. To a certain extent, under all circumstances, I think it is our duty to gratify the taste. Since I have given more attention to this subject, I think I have had better success in the treatment of diseases. The case above cited, is but one in a thousand, and I have no doubt each one of you has had analogous cases.

I know of nothing on this subject, more valuable than that from the pen of one of the most distinguished and most successful practitioners of medicine, Dr. Graves, and I shall not deem it misspent time to read his views.

"In a disease like fever, which lasts frequently for fourteen, twenty-one, or more days, the consideration of diet and nutriment, is a matter of importance, and I am persuaded that this is a point on which much error has prevailed. I am convinced that the starving system, has, in many instances, been carried to a dangerous excess, and that many persons have fallen victims to prolonged abstinence in fever. This was one of the errors which sprung from the doctrines of those who maintained that fever depended on general or topical inflammation. They supposed that fever arose from inflammation, and immediately concluded that, to treat it successfully, it was necessary to reduce the system by depletion and low diet, and to keep it at this point during the whole course of the disease. Hence the strict regimen—*diete absolue*—of the disciples of the physiological school, and of those who looked on inflammation as the essence of fever."

The more the symptoms appeared indicative of inflammatory action, the more rigorous was the abstinence enforced. If a patient's face was flushed, or his eyes suffused, no matter what the stage of the fever was, they said, "here is inflammation of the brain, and nourishment will exasperate it." If he had red or dry tongue and abdominal tenderness, they immediately inferred the existence of gastro-enteritis, and all kinds of food,

even the lightest, was strictly forbidden. That this proceeds from false notions of the nature of fever is beyond doubt, and I pointed out this fact many years ago, long before the appearance of Piorry's work. Let us in the first place examine the results of protracted abstinence in the healthy state of the system. Take a healthy person and deprive him of food, and what is the consequence? First, hunger, which, after some time, goes away, and then returns again. After two or three days the sensation assumes a morbid character, and instead of being a simple feeling of want and a desire for food, it becomes a disordered craving, attended with a dragging pain in the stomach, burning thirst, and sometime afterward epigastric tenderness, fever and delirium. Here we have the supervention of gastric disease and inflammation of the brain as the results of protracted starvation.

Now, these are in themselves very singular facts, and well deserving of being held in memory. Read the accounts of those who perished from starvation after the wrecks of the Medusa and the Alceste, and you will be struck with the horrible consequences of protracted hunger. I can refer you to more recent dates: those who were in the Isthmus of Darien with Lieut. Strain, and those who were saved for many days from the ill-fated Central America to die of starvation. You will find that most of the unhappy sufferers were raging maniacs, and exhibited symptoms of violent cerebral irritation.

Now, in a patient laboring under the effects of fever and a protracted abstinence, whose sensibilities are blunted, and whose functions are deranged, it is not at all improbable that such a person—perhaps also suffering from delirium or stupor—will not call for food, though requiring it, and that, if you do not press it upon him, and give it as a medicine, symptoms like those which arise from starvation in the healthy subject may supervene, and you may have gastro-enteric inflammation or cerebral disease, as the consequence of protracted abstinence. You may think that it is unnecessary to give food, as the patient appears to have no appetite, and does not care for it. You might as well think of allowing the urine to accumulate in the bladder, because the patient feels no desire to pass it. You

are called on to interfere when the sensibility is impaired, and the natural appetite is dormant, and you are not to permit your patient to encounter the horrible consequences of inanition, because he does not ask for nutriment. I never do so. After the third or fourth day of fever, I always prescribe mild nourishment, and this is steadily and perseveringly continued through the whole course of the disease.

He further adds, in a lecture to a medical class: I have endeavored to impress upon you the fact that there can be no doubt that persons have been occasionally starved to death in fever, and laid before you some remarkable facts connected with the influence of protracted abstinence on the general system, as well as on the brain and digestive tube. I also endeavored to show that long-continued denial or want of food generates symptoms bearing a very close resemblance to those which are observed in the worst forms of typhus: pain in the stomach, epigastric tenderness, thirst, vomiting, determination of blood to the brain, suffusion of the eyes, headache, sleeplessness, and, finally, furious delirium, are the symptoms of protracted abstinence; and to these we may add, tendency to putrefaction of the animal tissues, chiefly shown by the spontaneous occurrence of gangrene of the lungs. It has been shown by Guislain, physician to the hospital for the insane at Gaud, that, in many instances, gangrene of the lungs has occurred in insane patients who have obstinately refused to take food. Out of twelve patients who died of inanition, nine had gangrene of the lungs. You perceive, then, that starvation may give rise to symptoms of gastric disease, to symptoms of cerebral derangement, and to mortification of the pulmonary tissue. It is not, therefore, wrong to suppose that gastric, cerebral, and even pulmonary symptoms may supervene, analogous to those which result from actual starvation.

An attentive observation of the foregoing arguments has led me, in the treatment of lung fevers, to adopt the advice of a country physician of great shrewdness, who advised me never to let my patients die of starvation. If I have more success than others in the treatment of fever, I think it is owing, in a great degree, to the adoption of this advice.

Much has been written on medicine, and much taught in our schools, which is not only valueless, but is positively injurious, for the reason that the young rely upon them as guides, and consequently are misled. I have never yet seen a young graduate from an Eastern school who at first had any true conception of Western diseases, or the best method of treating them. Bier, the oculist, I think, it was who said he had put out a hat full of eyes in learning the best method of operating for cataract. If we had the confessions of the young physicians who follow the books and the teachers exclusively—and at first they are compelled to do it—I am persuaded we should have many, very many extinguished lives instead of eyes. It is our duty, as physicians, no matter where our lot upon earth may be cast, to aid, in every possible way we can, to advance a science the most noble of all others. Of all, medicine is pre-eminently and justly the first. As much as human life excels in value money and property, by so much does it excel the law which has simply for its object the adjustment of human rights. While I would not underrate any other, I would demand for our own justice. I am proud, too, that every age has thrown into our ranks intellects of the highest and most brilliant order. I am also proud that the portals to science are open to all. Industry and perseverance, and a laudable ambition, will secure the highest honors of ours or any other profession. To the junior members who are my auditors I would offer the highest encouragement. Let all your leisure time be given to reading, and writing, and studying. Keep a record o every case you attend; employ your evenings in writing them out. You will find it pleasant and profitable, and the time will soon steal upon you when your opinions will be sought after as pearls of great price. Above all things, gentlemen, let me exhort you to do your own thinking. Consult the opinions of eminent writers, but let it be rather to assist and direct than to control. After fortifying yourselves with all necessary facts, suffer no one then to think for you, but maintain your manhood in wielding the thought which Deity has given to you, in common with others. I am an admirer of genius and talent—I will pay it homage wherever found. At the same time, I would declare

that you and I, and every patient investigator of truth, is just as capable of thinking—just as capable of arriving at correct conclusions as those who are wielding public opinion in the great cities of the world.

A few years ago a poor boy of Indiana was apprenticed to a trade. He had no means—no education. He tried at his trade for a support, and having a high and holy purpose before him, stayed not his efforts until, unaided and unfriended, he had a diploma from a medical school. Still he toiled on. He was a devoted student, and became a contributor to the journals, and one of the most extensive translators from German and French periodicals of the day. These brought him into notice, for they compared favorably with the best contributions of the times. He established, by his own efforts, a medical journal. He became a professor of a college. He is now one of the Vice-Presidents of the U. S. Medical Association, is an accomplished scholar, and is at this time a professor in the medical college of Chicago, and one of the editors, within a few days, of the medical journal of your State. He richly merits every honor which has been conferred upon him, and, if he lives, he will enjoy a still prouder and a still more enviable reputation. Coming from my own State, I mention him with pride. Having been promoted to honors in yours, it is proper, on this occasion, and in the State of which he is now a citizen, to give you the name of Prof. Wm. H. Byford, as the gentleman referred to. If, at any time, any one present, or any of your friends, should visit Chicago, I beg you will make his acquaintance. I cite this instance, because he is one of us, a living monument of what industry and perseverance will accomplish.

And now, gentlemen, in conclusion, let me encourage you in the continuance of good works; and it affords me a particular pleasure to say that, as a profession, I know of none whose members discharge more faithfully their duties—whose aims and purposes are more laudable, and who live and labor with so much self-sacrifice as those of our own. To do good—to soothe the anxious heart—to allay pain and stay disease, is the physician's duty. Everywhere he is on the same holy mis-

sion. He is on the battle-field and in the pest-house. He is the fearless, sleepless sentinel at every threshold, to uplift the shadowing pall of death from its trembling, prostrate inmates. Where the pestilence reigneth most, there he is. Where all hearts are palsied with fear, as the desolating plague sweeps over the doomed to death, there is he to inspire hope to the anxious, to soothe the sorrowing, and to console the dying. All may not be great, but all may be good, and capable of doing good. To the humblest of the profession there is a ripened harvest—a field of sympathy, and sorrow, and disease, which invite the soothing voice, the kind and gentle look, and the hopeful agent of which he is the minister. There are sorrowing hearts which welcome his coming with grateful, confiding hope, and tearful eyes of gladness for all his words of consolation.

ARTICLE II.

CASES TREATED AT THE COLLEGE CLINIC BY PROF. BRAINARD.

CASE OF DOUBLE HARE-LIP—OPERATION—RECOVERY.

REPORTED BY EDWIN POWELL, M. D.

A female infant, aged ten months, a robust, healthy child, born of Irish parents, was brought to the College Clinic, Dec. 11th, 1857, with a compound complicated variety of hare-lip, viz: a fissure on each side of the mesial line, corresponding with the nostrils, which extended through the alveolar process of the upper jaw, and also the hard and soft palates. That portion of the alveolar process containing the two front incisors projected forwards nearly one inch beyond the lateral sides of the jaw.

Operation, *Dec.* 11, 1857.—The integument covering the projecting part having been dissected back, it was removed with the bone nippers. The copious hemorrhage from the bone, which followed its removal, was instantly and effectually checked by the application of the actual cautery. The next step in the operation was to separate the lip from the alveolar process upon each side of the fissure, so that it could easily be brought forward, and to vivify the border of the fissure, which was done by the

removal of a section with a scalpel. The hemorrhage was controlled during this stage of the operation by pressure upon the facial arteries.

A leaden wire was next passed deeply through the lip, just beneath the alæ nasi, the ends of which were twisted together so as to bring the parts in contact; and afterwards two steel needles were passed through the edges of the wound, one near the inferior termination of it, and the other midway between the needle and leaden wire. Around the ends of the needles a silken ligature was passed, from one side of the division to the other, first transversly, then obliquely, in such a manner, that the thread is made to cross as many points of the wound as possible, which greatly contributes to maintaining its edges in even apposition. Lastly, the points of the needles were broken off, and the ends supported by small dossils of lint placed between them and the flesh. No other dressing was applied. The child was directed to take twelve drops of the camphorated tincture of opium every three hours.

Dec. 17*th.*—No unpleasant symptoms have occurred. The dressing was removed to-day, and the union of the lip was perfect. A strip of isinglass plaster was placed across the lip, to support the yet tender union. The integument which was saved from the proboscis is to make a septum nasi, which will require a second operation, after the other shall have become perfectly consolidated.

Of course, there is but one mode of treatment to be adopted in these cases; but it is an important question, concerning which there is some difference of opinion, whether the operation should be performed while the child is young, or at what time of life it should be resorted to.

Dionis, Garengeot and others advise waiting until the child is four or five years of age, on the ground that before this period the "child's cries and agitations would render the operation impracticable, or derange all the proceedings taken to insure its success." It is plain, however, that such reasons are not of great weight. A child, four or five years old, and even one eight or ten years of age, is much more difficult to manage than an infant only a few weeks old. Every child of the above-

named age has a thousand times more dread of the pain than of the deformity, or of the inconvenience of the complaint, to which he is habituated, while an infant of tender age fears nothing, and only feels the pain of the moment.

Another class of surgeons, prominent among whom are Sir Astley Cooper, Samuel Cooper, Liston and Druitt, recommend that the operation should not be undertaken till the child is about two years of age and has cut its teeth, "because of the liability of infants of tender age to convulsions after operations." This, in fact, appears to be the only real objection against the early performance of this operation, and yet it is one which I am satisfied has been very much exaggerated, as Bell, Ledran, Mays, Roonhuysen, Pancoast, and many others plainly show.

Prof. Brainard recommended the early performance of the operation in 1837, and he has now operated on nearly one hundred and fifty cases, the greater number of which have been infants only a few weeks old, and not in a single instance have convulsions occurred. The operations have been uniformly successful, with two exceptions; one of which was a case where the fissure in the lip was caused by phagedenic ulceration, which returned in the wound after the operation; in the other, the patient died in two days after the operation, apparently from deficient nourishment.

Lawrence "thinks it very desirable to remove the defect early on every account."

The age, therefore, at which the operation may with most propriety be attempted, is from three to four weeks. The positive advantages of an operation at this period are:

First, the absence of all fear or opposition to the performance of the operation on the part of the child. An infant of the above-named age may, with proper care, and the administration of opiates, be kept quiet most of the time, a circumstance which favors the successful termination of the operation very much; while, on the other hand, a child one year old will scream and struggle the moment the surgeon enters the room.

Secondly. The pressure exerted by the lip is capable, after the successful performance of the operation, of moulding the

alveolar process of the jaw, and of closing up the fissure extending through it and hard palate.

Thirdly. The ability to acquire the power of speech or articulation of sounds much more perfectly. It is a well established fact, that the intelligence of a child is developed just in proportion as it is able to utter distinctly the sounds of language. This, then, becomes a very important consideration in deciding the time for operating, and one which ought not by any means to be lost sight of. Unless a person is able to express his ideas clearly and distinctly, they will never be of much service to himself, or any one else.

In regard to the *method* of operating, there is almost as much diversity of opinion as in regard to the time. M. Louis recommended the use of adhesive plaster, and an uniting bandage simply, believing that a perfect cure might always be accomplished by them, so as to save the patient from all the pain and annoyance of sutures. But this method of operating has been entirely abandoned, as inefficient in more than the simplest kind of cases. The twisted and interrupted sutures are the only means resorted to by surgeons of the present day; the former we believe to possess very superior advantages over the latter, for the two following reasons: *first*, the edges of the wound may be held much more perfectly and firmly in contact, and, *secondly*, the polished surface of a steel or silver needle does not ulcerate and cut through the tissues, as soon as silken ligatures, whereby the parts are held for a longer period in contact, another important consideration in cases which do not readily unite.

In those cases, where the fissure is widely separated, and where there seems to be a greater want of tissue than is common, Prof. Brainard is in the habit of using, in addition to the needles, a leaden wire passed deeply through the lips just beneath the alæ of the nose, so as to bring the fresh surfaces together by means of it. The advantage of this is that it relieves the needles of an undue amount of pressure, and also, as it does not cut through the tissues as soon as a ligature, it holds the parts in apposition for a longer time.

In the compound complicated variety of hare-lip, we often

find a projection of one side of the jaw bone, in the form of a proboscis, which must be removed, as preliminary to the operation on the soft parts, by the bone nippers. It has frequently been found necessary to employ the actual cautery in these cases, to arrest the hemorrhage from the bone which follows the removal of this proboscis. It is not necessary to support the cheeks, either by an uniting bandage, or adhesive plaster, during the treatment.

The needles should be removed on the fifth or sixth day, and isinglass plaster applied to support the yet tender union.

The child should be kept as quiet as possible, for which purpose opiates may be administered.

ARTICLE III.

[DECEMBER MEETING.]

REPORT OF CASES IN OBSTETRICAL PRACTICE.

READ BEFORE THE COOK CO. MEDICAL SOCIETY.

BY THOMAS BEVAN, M. D.

Case 1.—Mrs. S——n, aged 22 years, in good health, married two years, has had two miscarriages. On the evening of Friday, Nov. 13th, accompanied her mother to the railroad depot. On returning home about dusk, she encountered a man, who made indecent proposals to her. She was very much frightened, although he did not attempt to forcibly detain her in his presence. She got out of his way as soon as she could, and made the best of her way home. Her husband noticed she was looking pale and excited, but she went about her work as usual, getting tea; notwithstanding, she felt some pain in the lower part of the abdomen, and from its intensity she was obliged to stop and sit down once or twice before she had finished. She ate but little, and after supper lay down on the lounge. Her pains came on at intervals, and increased in poignancy and intensity, until about ten o'clock p.m., when feeling a desire to evacuate the bowels, she passed in the vessel what proved to be a fœtus, between four and five months advanced. I was then called; found her in some pain, and the after-birth not yet delivered.

It was got away without difficulty, however, and with the exception of considerable nervous excitement, tendency to weep and complain rather more than usual, seemed to be doing well. I ordered a full dose of morphine to be repeated in four or five hours, if she was not quiet. Called the next morning, found my patient had had a good sleep, and was very comfortable.

I thought this case worth reporting, because it seems to be one, so far as I am able to judge, where miscarriage was brought on by the effect of a strong mental emotion. The miscarriages she had had previously were not so far advanced as this, and she was taking more than usual care to avoid that accident. She went on to convalescence without any unusual occurrence, and is now well.

Case 2.—Mrs. A——n, aged 30 years, the mother of eleven children, married when she was thirteen years of age, lives in the second story of a house in State street, having the backstairs outside of the building, Nov. 10th, in going down stairs she slipped, and in her effort to avoid falling struck the abdomen against the hand rail. She felt a little sick at the stomach at the time, but the symptoms passed off and she thought no more of it. In two or three days she noticed a discharge from the vagina unlike what she had been accustomed to, with rather a fœtid odor; not troubling her much, and no alarming symptom arising, she did not consult a physician. At about three o'clock, the morning of the 20th, I was called and found her in labor, with the head of a child engaged in the inferior strait, which after an hour or two of moderately expulsive effort was born. It was dead, and no effort at resuscitation was instituted—the surface presenting the general palor that exists after life has been extinct for several hours. On passing my finger up the cord, I found another child engaging in the mouth of the womb, which after a few minutes was expelled. This last was also dead, and presented the appearance of having been dead eight or ten days. The euticle was detached in several places; the odor was that of decomposition, and there was a purplish discoloration of the general integument; the liquor amnii was very fœtid, and not abundant; the cord of the first child was three or four times as large as that of the second, indicating that absorption had

already commenced, for it is not probable that simple arrest of development for eight or ten days would account for the difference in size, even when coupled with the accidental difference usual in twin births. This woman was between the eighth and ninth months of gestation.

Case 3.—Mrs. K——bs, in good health, pregnant with her fifth child, consulted me about three months ago for a discharge from the vagina, usually of a yellowish color and quite abundant, that had existed six or seven days; sometimes she had a litttle pain, and occasionally the discharge was sanguinolent. I recommended her to keep as quiet as possible, as the discharge was most abundant when she was on her feet, and told her I thought it was the ammotic fluid escaping, and that it would increase the chances of miscarriage. An examination at this time did not reveal anything more than some increase of the moisture of the vagina and a softened condition of the os; no appreciable dilatation. On the night of Nov. 21st, at twelve o'clock, her husband came to me, saying the child was born, and wanted me to see his wife, who was feeling very faint, immediately. I found the child was born, and the mother flowing considerably, with a small rapid pulse, and the after-birth not yet delivered. I removed it as soon as I could, and induced contractions by frictions and a snug bandage and compress.

The following is the history of her labor: She awoke suddenly from a quiet sleep in great pain, and rousing her husband, before he could dress her child was born, having been accomplished in just three pains, according to her story, neither more or less. It is probably impossible for labor to go through all its phases to the birth of the child in three pains, so that this must have been a case in which the first stage or that of dilatation was so gradual and painless as to fail to rouse her. There was very little water discharged at the time of her delivery; the woman felt nothing of the usual gush of waters during its progress. The child seemed between seven and eight months advanced and lived till the second morning, seeming to die exactly as children do from general bronchitis. It had lain an hour in a room without fire, and it is probable, if it had been kept thoroughly warm all the time, might have lived. This

case seems to demonstrate that a hard labor does not always occur where there has been premature escape of the waters, though they seem to have exerted some influence in bringing on miscarriage.

I report these two last cases, that they may be added, if worthy of it, to the number of cases where the waters have passed off prematurely, and the comparative frequency of miscarriage following it; also, the length of time a woman may carry twins, one being dead from an external cause, in an advanced state of pregnancy, and its general effect upon the life of the other fœtus.

Case 4.—Concerns more directly the child than the mother. Mrs. C——h, a healthy woman, married two years, first child, had a good labor and is doing well. This lady had her menses last March 15th, which, if we count from the middle of her menstrual month, would make the fœtus eight months, but it is probably nearer term. The child was born alive. Its movements were not active, however, and after the nurse had washed the anterior part of the body, turning it over, she found the appearance you observe [specimen exhibited to the society] at the lumbar region of the spine. I examined it, and established the existence of a spina bifida, extending from the dorsal vertebræ to the sacrum. The tumor presented a deep purplish or florid appearance, and the external envelope was a very delicate shining membrane, seeming to be an extension of the skin, but very much thinned and altered in its characters. I explained to the husband its nature, and dressed it with a soft piece of old linen, imbibed in oil, and a cotton compress, retained in place by the usual bandage, so as slightly to compress it. There was not much vitality about the little fellow, although he drank some sugared water, evacuated the bowels, and passed the urine. It lived from ten o'clock p.m., on Wednesday, until five o'clock p.m., on Thursday. Its cry was weak, respiration irregular, and there was during the whole time a very congested condition of the head and face; the fontanelles were not unusually prominent, and moderate pressure on the tumor did not seem to determine any accident to the child.

Spina bifida, as far as I am aware, is rather a rare deformity

in this country, according to *Ollivier*, *Dict. de Med.*, *Art. Hydrorachis*, vol. 16. Chaussier reports of 132 cases of malformation of various kinds occurring or deposited at the Maternite out of 22,293. Twenty-two were spina bifida, or about one in 1000. The influence of this vice of conformation on fœtal life is not very noxious, for according to authors, children born with this malady are generally alive, but after birth it is entirely otherwise. It causes death sooner or later, and habitually in a period of time varying with the development of the tumor and the site it occupies. Generally the more elevated the tumor, the sooner death occurs: sometimes brought about by the rupture of the sac; at others, from spinal meningitis. Occasionally, the infant falls into coma, and death gradually arises from that direction; but without occupying the time of the society, I will simply add, it is almost necessarily a fatal affection. A few cases of cures are on record; one lately by Chassaignac with iodine injections, recorded in Bonchut's *Maladies des nouveaux nes;* one or two by Sir A. Cooper, referred to in Samuel Cooper's surgical dictionary, treated by puncture and compression, and various other means have been occasionally successful, when the tumor was small and pediculated; but in such a case as this, when the spinal column in the whole lumbar region is nothing more than a gutter formed by the bodies of the lumbar vertebræ, all the appliances of our art must necessarily remain impuissant. This child died from the rupture of the sac. The nurse says it did not sleep from the time it was born until about three o'clock on Thursday afternoon. At five o'clock, she went to it and found it was dead. It seemed to suffer from the moment of birth, making constantly a kind of moaning noise, unlike the cry of a healthy child.

ARTICLE IV.

[TRANSLATED BY DR. BYFORD.]

HOSPITAL FOR CHILDREN IN PARIS.—MAD. RICHARD. LEUCORRHEA OF CHILDREN.

You have seen, Gentlemen, how common an affection of little children is leucorrhea; we seldom have a clinic without noticing

it. It is necessary to watch these little patients to have a just idea of the extreme abundance of this discharge. Nothing is more rebellious, and the worthy superintendent of Saint-Therese assures us that she has never seen a case cured. We had two of these little patients in this institution affected with this malady. In spite of their prolonged stay in the hospital and varied modes of treatment by M. Guersant and myself, they were in the same condition as when they first were admitted. In order better to ascertain the source of the discharge more than with a view to treatment, for I had despaired of success, three other little girls with this affection were admitted into the hospital. This made five. You find them in beds Nos. 5, 21, 23, 29 and 34, in the ward of Saint-Therese. M. Trousseau considers leucorrhea of children to consist generally of simple eczema of the vulva. We have satisfied ourselves that if there really is intertrigo of the vulva, it is simply produced by the discharge from the vagina, an effect rather than a cause. Does the mucous membrane of the uterus participate in the disease? What is the state of the weak? We have not arrived at a decision in these two respects.

However this may be, our five patients have been promptly cured, to the great astonishment of our pious nurse-mother of the ward. This success was effected by injections of colocynth. Dr. Claude, now of Paris, formerly of Verdun, is the author of an unpublished work on the effect of purgatives in general, and colocynth injections in particular. It is replete with originality, and is marked by real practical talent. As he cited me to a rebellious case of leucorrhea in a child cured by this means, I concluded to give it a trial in these cases, and, as you see, with surprising results. The treatment was instituted in the following manner, on a pod of colocynth of the ordinary size: two glasses of warm water was affused, and they were macerated for twenty-four hours. One-third of this liquid, after the colocynth was well expressed into it, is a dose for a child eight years old. Prior to using it, the rectum should be evacuated thoroughly by a large injection of tepid water. The time the colocynth injection will be retained is very variable, from fifteen minutes to an hour. During the day of its administration, the child

will have from seven to thirty stools, the last of which are sanguinolent; the next day, from four to ten. Gum water is given to drink in any quantity the patient may wish. If food is desired, it should be very light, and given sparingly. The twelfth or thirteenth day the patient has entirely recovered from its effects and the appetite is good. On the sixteenth or seventeenth day, we may administer it again. Three of our patients have taken the colocynth injection three times, the other two four times. With all of them the discharge had very much diminished after the first injection; in three, complete suppression had taken place after the second. All five were retained over a fortnight after the cure had been entirely effected. We have seen three of them since, and have the address of all of them. The cure was complete and permanent.—*Gazette des Hopitaux*.

RESUME OF THE RESULTS OF DR. FRIEDRICH'S RESEARCHES ON ABDOMINAL TYPHUS (TYPHOID) FEVER IN CHILDREN.

1st. Typhoid fever in children is not an uncommon disease; it is sometimes sporadic and sometimes epidemic. 2d. It affects boys more frequently than girls. 3d. Mortality is less among children than grown persons; greater among girls than boys. 4th. What month or season of the year predisposes children to typhoid fever does not appear. This seems more influenced by local circumstances than seasons of the year. 5th. In regard to the frequency of occurrence and mortality in different periods of life, it may be said that it very seldom attacks sucking infants after two years of age; it is most frequent between six and eleven years; from the eleventh year the susceptibility decreases until after puberty. The most unfavorable time for mortality is between one and four years. * * 7th. Typhoid of children and scarlet fever are not apt to prevail at the same time to any extent; where one occurs as an epidemic the other declines, if it was before prevailing. 8th. Occasional epidemics rage among the children to a considerable degree, while adults are entirely exempt from its attacks. 9th. The anatomico-pathological changes, in children as in grown persons, bear something of a relation with the intensity of the fever. Ex-

tremely seldom, however, is there much hardness from infiltration in the glands of Peyer; the most that is generally seen in the glands is that a single follicle is or has been infiltrated, and either by resorption or rupture into the alimentary canal, has returned to its normal size without leaving a cicatrix. The bursting of these glands into the alimentary canal is of very small extent. It is also very seldom that children show eruptive inflammation of the pharynx, œsophagus, trachea, etc. 10th. It has been seen that age and sex exercise considerable influence as predisposing causes of typhus abdominalis, but distress, uncleanliness, unsubstantial nourishment, impure air and damp, dark dwellings are most injurious. Of no less moment are acclimation, sudden changes of modes of living, and the occurrences of different and new relationship, but the most powerful of all is an epidemic morbidity of constitution. Contagion is of very doubtful importance in this respect. * * * 11th. Among the most important symptoms of typhoid fever among children are those of the abdominal organs, such as tumidity of the spleen, the diarrhœa meteorism, barborigma. There are also fever, accelerated respiration and bronchial catarrh constantly present. The infrequency and trifling character of hemorrhage occurring in the early part of the disease shows how unimportant an amount of congestion or inflammation exists in the intestinal canal in the early stages of the disease. The disease does not usually begin with the chill that ordinarily ushers it in with the adult. Nervous phenomena, delirium, somnolence, etc., are frequent but not intense in their manifestation; there is seldom any embarrassment in the motor system. Among the eruptions, the rose-colored spots are the most common; scarcely ever papular, late miliary vesicles arise. The character and extent of the eruption seem to be entirely independent of the force and intensity of the fever. 12th. Children are generally attacked in a mild degree by typhoid fever, and, as before stated, boys more severely. The duration of the disease varies with its intensity, and may be from sixteen days to several months. In severe cases, complications are very common, and very much protract, or for a long time prevent, convalescence. Relapses seldom happen,

but it may be followed by other diseases. 13th. Peculiar complications are much less frequent among children than adults; such, for instance, as parotitis, phlebitis, general, but particularly, intestinal hemorrhage. The infrequency and harmlessness of this last is doubtless owing to the mildness of the intestinal lesion. The exanthemata, as small-pox, measles, variola may protract or interrupt the stage of convalescence. 14th. The ordinary result of typhoid fever in children is rapid and complete convalescence; the more favorable, because children are commonly not subject to those dangerous or mortal sequela, by which adults are affected, as tuberculosis, gangrene, ulcerations, enlargement of the glands of Peyer or mesenteric glands. Tubercles are found in very few children dying of this disease. 15th. We must depend almost entirely on objective symptoms for a diagnosis in the abdominal typhus of children; among the most important is enlargement of the spleen, next a rosealous eruption, high temperature of the skin, a knowledge of the epidemic tendency, diarrhœa, meteorism, painfulness of the abdomen, iliocoecal gurgling, catarrhal rhouchus, head symptoms, etc. A sure diagnosis cannot always be arrived at the first few days of the disease; but, gradually as the case progresses, the characteristic symptoms make their appearance, until we are enabled to recognize the disease. 16th. The prognosis in this disease in children is generally favorable; the more favorable, of course, the milder the attack, and the more simple and uncomplicated the case. The prognosis will be influenced by the character of the reigning epidemic, the circumstances, the sex and age of the patient. Complications and sequela should have more influence in making up prognosis than simple intensity. Intensity of a particular symptom is not of so bad omen, as a somewhat less intensity, but still grave *assemblage* of several symptoms. 17th. The best plan of treatment for the most part in abdominal typhus of children is the expectant. This is according to the teachings of our experience and reflection. It should be prophilactic, dietetic, and regulated by the symptoms present. The disease does not admit of interruption, though the administration of moderate doses of calomel in the first five to eight days seem

to exercise a favorable influence on its general course. Above all, the strength of the little patient should be supported as much as possible, by the early and systematic use of nourishing diet, continued perseveringly during the whole course of the malady.—*All. Med. Cent. Zeitung.*

[In translating the above, as I think, interesting article of Dr. Friedrich's, of Dresden, I have used the terms typhoid fever and abdominal typhus as synonymous, as I so understand them.—TRANSLATOR.]

The following is an excellent dentrifice to neutralize the products of decomposition and stimulate the gums, while it imparts an agreeable aroma to the breath:

℞	Cochinelle,	3 grains.
	Sub. Carb. Potass,	5 "
	Distilled water, a few drops.	
	Essence of Peppermint,	4 drachms.
	Alcohol,	1 quart.

Wet the pulverized cochinelle and sub. carb. potass with the water, enough to thoroughly moisten together, and then put them into a bottle containing the alcohol and mint previously mixed. By using this mixture, first washing the mouth well with water, there need be no troublesome accumulation of tartar or inflammation of the gums, which so frequently cause the teeth to decay and fall out.—*L'Art. Dentaire.*

BOOK NOTICES.

LECTURES ON THE DISEASES OF WOMEN. By CHAS. WEST, M.D., Fellow of the Royal College of Physicians, Examiner in Midwifery at the Royal College of Surgeons, England, Physician-Accoucheur to St. Bartholomew Hospital, and Physician to the Hospital for Sick Children. Part 1st—Diseases of the Uterus. Philadelphia: Blanchard & Lea, 1857. For sale by Keen & Lee, Chicago.

"In estimating the value of the speculum as a means of diagnosis, I think that the advances in our knowledge of uterine diseases of which it was the indirect occasion, by the impulse it

gave to their study, we sometimes confound with those positive additions to our information which we owe exclusively to the use of that instrument. The former have been very great indeed, and I think candor compels us to acknowledge that they have been due almost exclusively to persons who, not content with our previous means of investigating uterine disease, have labored to increase them by the employment of instruments. The latter have certainly been less considerable, but nevertheless the speculum enable us in many instances to decide at once and with certainty, upon the nature of a case, which otherwise we should have understood only after long and careful watching, to discover some minute polypus which the fingers alone would not have detected, to determine the source of a profuse leucorrheal discharge, and to decide whether it is furnished by the cavity of the womb or the walls of the vagina, or from the redness, congestion, or abrasion of the os uteri, to infer the state of the womb generally, and thus to conduct our treatment upon the sure ground of positive observation, not upon bare presumption. At the same time, however, that I hold the speculum to be in many cases of most essential service, I think that the endeavor of all of us should be to ascertain the minimum of frequency with which its employment is necessary. That is to be done not by decrying the instrument, still less by attributing dishonest motives to those who use it, but by soberly and honestly trying to test the value of the information we derive from it, and learning to discriminate between those appearances which the speculum discloses that are of moment, and such as are of no importance." (Page 33.)

The above is Dr. West's estimate of the speculum. His position with regard to the use of it and local applications to the uterine neck may be considered conservative, and all his opinions and treatment as detailed in this little volume are characterized by acute discrimination and temperate energy. Its contents are divided into twenty lectures,—beginning with the symptoms, mode of examination and importance that should be attached to disease of the uterus, passing through the lighter up to the more grave functional disorders of the female sexual system, displacements of the uterus, non-malignant organic

diseases of structure, and ends with a graphic description of cancerous affections. Nothing short of a patient and thorough examination of the work itself, will enable the reader to form a just estimate of the amount of valuable and available information it contains. There are no flourishes, or an egotistical display, of originality to the prejudice of his predecessors or compeers, but a plain, straight-forward and philosophical exhibition of the state of our knowledge on the subjects of which he treats. We know of no treatise of the kind so complete and yet so compact.

PNEUMONIA, its Pathology and Treatment. By EZRA READ, M.D., of Terre Haute, Ind. From the *Nashville Journal of Medicine and Surgery*. Nashville: Cameron & Fall.

To all who are acquainted with our accomplished friend, Dr. Read, it would be needless to say that this essay is replete with sound sense, and information. Dr. Read describes a species of pneumonia with which we are personally well acquainted, curable by quinia alone. Such publications are necessary occasionally to open our eyes to some things that are transpiring around us unobserved.

GENERAL THERAPEUTICS AND MATERIA MEDICA, adapted for a Medical Text Book with Indexes of Remedies and of Diseases and their Remedies. By ROBLEY DUNGLISON, M.D., L.L.D., Professor of Institutes of Medicine, etc., in the Jefferson Medical College of Philadelphia, formerly Professor of Materia Medica and Therapeutics in the University of Virginia and Maryland and in Jefferson Medical College of Philadelphia; with one hundred and ninety-three illustrations. Sixth edition, revised and improved, in two volumes. Philadelphia: Blanchard & Lea, 1857. Pages 544 and 539.

The profession is too well acquainted with this work to require any comment from us. It is sufficient to say that this edition is "improved," as the author assures us. For sale at the book store of Keen & Lee, Chicago.

A THEORETICAL AND PRACTICAL TREATISE ON MIDWIFERY: Including the Diseases of Pregnancy and Parturition and the attentions required by the child from birth to the period of weaning. By P. CAZEAUX, Member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, Chevalier of the Supplementary Number of the Order of Charles III., Member of the Surgical Society, of the Biological Society, of the Medical Society of Emulation, of the Anatomical Society, Non-Resident Associate of the Medical Society of Bordeaux, Correspondent of the Society of Accoucheurs of Berlin, President of the Medical Society of the department of the Seine. Adopted by the Superior Council of Public Instruction, and placed

by ministerial decision in the rank of the classical works designed for the use of Midwifery Students in the Maternity Hospital of Paris. Second American from the fifth French Edition. Translated by Wm. R. Bullock, M.D., with one hundred and forty illustrations. Philadelphia: Lindsay & Blakiston, 1857. For sale by Keen & Lee, Chicago.

We should regret the necessity (want of space) which compels our notice of this truly classical work into brief dimensions, if we did not know that the profession throughout this, and in fact all civilized communities, are well acquainted with its merits. This edition is a noble specimen of authorship profusely complete in every department of obstetrics, without useless prolixity. Too much praise cannot be awarded the talented translator for the faithfulness of his task, and the easy flow he has given, to the rendering of the text from the French to our own language. Its typography is brilliant and very correct, as is the case with the books of Lindsay & Blakiston generally. It would but be doing justice to the book, and but the expression of our honest conviction, after a careful examination, to say that we know of no work on this all important branch of our profession that we can recommend to the student or practitioner as a safe guide through the perils and perplexities of the lying-in month before this.

Introductory Lecture, delivered by D. Warren Brickell, M.D., Professor of Obstetrics, N. O. School of Medicine. Nov. 3, 1857. Published by request of the Class. New Orleans, La.

Address: Introductory to the Fifteenth Annual Course of Lectures in Rush Medical College. Delivered Nov. 2d, 1857. By N. S. Davis, M.D., Professor of Principles and Practice of Medicine in Rush Medical College, Chicago, Ill.

The above addresses, in style and character of contents, are fair representatives of the almost antipodal differences of their two talented authors. B.

Medical Lexicon: A Dictionary of Medical Science, containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, etc.; Notices of Climates and of Mineral Waters; Formula for Officinal, Empirical, and Dietetic Preparations, etc., with French and other synonyms. By Robley Dunglison, M.D., L.L.D., Professor of the Institutes of Medicine, etc., in the Jefferson Medical College of Philadelphia. Revised and greatly enlarged. Philadelphia: Blanchard & Lea, 1857. Pages 992. For sale by Keen & Lee, Chicago.

Six thousand subjects and terms have been added to the contents of the last edition. This is the fifteenth edition and con-

tains in all 60,000 subjects and terms. We know of no book with which to compare this but Webster's unabridged dictionary. It is as indispensable to the intelligent physician as Webster is to the general scholar. Both now are the standard dictionaries of the English language, and received universally as authorities throughout the civilized world. In this respect, at least, young America can boast of successful competition with the world; she has produced the two best dictionaries of the age.

We have received a copy of the TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION for 1857, containing the Minutes, the Report of the Treasurer, Casper Wistar, the Address of President, Zina Patcher; Report on the Medical Topography and Epidemics of Maryland, by E. G. Waters, M.D.; Report on Infant Mortality in large cities, the sources of its increase and means for its diminution, by D. Meredith Reese, M. D., L.L.D., etc., of New York; Report on the Medico-legal Duties of Coroners, by Alexander J. Semmes, M.D.; Report on the Topography and Epidemic Diseases of the State of Georgia, by John F. Posey, M.D., of Savannah; Report on the Use of Cinchonia in Malarious Diseases, by E. Hinkle, M.D.; Report on the Blending and Conversion of types in Fevers, by C. G. Pease, M.D., Janesville, Wisconsin; Report on a New Principle of Diagnosis in Dislocations of the Shoulder Joint, by L. A. Dugas, M.D., Professor of Surgery in the Medical College of Georgia; Report on the Facuna and Medical Topography of Washington Territory, by G. Suckley, M.D., U.S. Army, Fort Steilacoon, W. T., Oct. 1, 1856; Report on the Medical Flora of Washington Territory, by E. G. Cooper, M.D., 1857; Report on Deformities after Fractures, by F. Hastings Hamilton, M.D., Part Third, (this is a lengthy and very important report); Partial Report on the Nervous System in Febrile Diseases, by Henry F. Campbell, M. D., of Georgia; Prize Essay; The Excito-Secretory System of Nerves, its relation to Physiology and Pathology, by Henry Fraser Campbell, M.D., Professor of Special and Surgical Anatomy in the Medical College of Georgia, etc. etc.; "Observation becomes Experiment, when used in severe processes of induction," Victor

Cousin, May, 1857; Prize Essay; Experimental Researches relative to the Nutritive Value and Physiological Effects of Albumen, Starch and Gum, when singly and exclusively used as Food, by Wm. A. Hammond, M.D., Surgeon U. S. A.; Plan of Organization of the American Medical Association; Code of Ethics of the American Medical Association, adopted May, 1857; Catalogue of Officers and Permanent Members of the American Medical Association.

The mechanical execution of this volume is done in Collins' best style, and makes a very respectable appearance. As will be seen, by examining the volume, the papers are nearly all short and very practical. The report of Prof. Dugas, which is all contained in less than five pages, is worth more than the cost of the whole volume of the transactions to any practising physician. His principle of diagnosis is so striking, and expressed in such short style, that we cannot refrain from copying it. "If the fingers of the injured limb can be placed by the patient or the surgeon upon the sound shoulder, while the elbow touches the thorax, there can be no dislocation. In other words, it is physically impossible to bring the elbow in contact with the sternum, or point of the thorax, if there be a dislocation, and the inability to do this is proof positive of the existence of dislocation; inasmuch, as no other injury of the shoulder-joint can induce this inability." Any physician can demonstrate the correctness of this principle on the skeleton to his entire satisfaction, in a very few minutes. By sending three dollars and his address to Casper Wistar, M. D., Philadelphia, any person can procure a copy of the Transactions by mail.

Transactions of the Illinois State Medical Society for the Year 1857. Chicago: Chas. Scott & Co., Book and Job Printers.

These Transactions have been thus late in making their appearance, from the fact, as Dr. Johnson, the Permanent Secretary, informs us, that the different papers were not furnished by their respective authors to the publishing committee until within a few weeks past. The next meeting of the Society will be held at the city of Rockford, on Tuesday, June 1st, 1858.

The papers contained in the "Transactions" are: The Address of the President, H. Noble, M.D., of Independence; Report of the Committee of Practical Medicine, by C. N. Andrews, M.D., of Rockford; Report of the Committee on Drugs and Medicines, by H. A. Johnson, M. D., of Chicago, Chairman; Report of Committee on the Properties of the Asclepias Tuberoso, by C. Goodbrake, M.D., of Clinton; Report on Congestive Intermittents, by Dr. F. K. Bailey, of Joliet; Report on the Changes which take place in the Blood in the Continued Forms of Fever, by N. S. Davis, M.D., of Chicago; Stomatis Materna, read before the Esculapian Society, at the meeting in Charleston, Illinois, May 27th and 28th, 1857, and ordered to be communicated to the State Medical Society, by W. M. Chambers, M.D., of Charleston; Cases of Severe Mechanical Lesions of the Knee Joint Successfully Treated, by Calvin Truesdale, M.D., Rock Island. At the end of the volume, the names of all the members of the Society are arranged in alphabetical form.

It would afford us much pleasure to enter into a critical review of these contributions, more especially as we find much in them that is valuable and worthy of extensive dissemination, and they are the productions of men exercising their profession in our own State, but space will not permit it. At some future time we expect to make such extracts as will set forth the prominent features of the more practical of these papers. The authors have all shown capacity and industry, of which the profession of the State have just reason to be proud.

Journal de Physiologie de l'Homme et des Animeaux. Par le Docteur E. Brown-Sequard. (Journal of Physiology of Man and Animals. By E. Brown-Sequard, M. D.)

A Quarterly Journal, with the above title, is to be issued in Paris, commencing January 1, 1858. Each number will contain from 160 to 200 pages, with plates and figures interspersed in the text. There can be no doubt of the great utility of a journal devoted to physiology and the kindred sciences. Their rapid progress and bearing upon practical medicine and surgery, as well as medical jurisprudence, render them at the present moment objects of public interest. It is indeed not a little singular that while in the German language, besides the cele-

brated *archives* of Muller, there are five periodicals devoted in a great measure to physiology, there is not at the present time one in either the French or English languages in which this is now made a leading object.

It is scarcely necessary to say that Dr. E. Brown-Sequard is the man for such a work. Familiar with not only the works of all the most eminent writers in French, English and German, but acquainted personally with the authors themselves; learned beyond any living physiologist in France, England or America; original beyond any except Cl. Bernard, whom he fairly rivals; enthusiastic and devoted to the last degree to his pursuits; we are justly entitled to expect that the appearance of his Physiological Journal will constitute a new era in physiological science.

The price of the Journal in this country will be *five dollars*, payable in advance. Dr. Brainard, of this city, will take charge of remittances and transmit orders if desired. Barrington of Philadelphia is the American agent.

EDITORIAL.

IMPORTANT CORRECTION.

CHICAGO, Jan. 7, 1858.

TO THE EDITORS OF THE CHICAGO MEDICAL JOURNAL:

GENTLEMEN,—My attention has been called to an article published in the *Peninsular Medical Journal* some months since, making an attack upon my character, professionally and otherwise, on account of testimony alleged to have been given by me in a case before a court in this city, relating to the subject of criminal abortion.

So long as the publication was confined to the journal in question it was unworthy of notice, the well known proclivity of some of its editors to libelous attacks upon members of the profession being sufficiently understood in the region where it circulates. The anonymous character of the original attack,

its being in a political newspaper, written by a non-professional man, or a member of the profession who concealed his name, ought, in my judgment, to have prevented respectable journalists from copying or giving it currency without taking pains to ascertain its truth or falsity. Having learned that some editors of medical journals, of whom a different course might reasonably be expected, have copied the article in question, I beg you will be kind enough to say that the report of the testimony in the case referred to, in so far as I am concerned, is essentially false and garbled.

By so doing, you will oblige your obedient servant,

D. BRAINARD.

[We would call the attention of the journals who have copied the attack above referred to, to this statement of Dr. Brainard in regard to the facts of the case.—EDS.]

PROLIFIC.

CASSAPOLIS, MICH., Jan. 12th, 1858.

PROF. N. S. DAVIS, CHICAGO:

DEAR SIR,—A colored lady of this county gave birth on the 4th inst. to four children—three boys and one girl—weighing four and a quarter pounds each; mother and children doing well. These make seven children to which she has given birth in less than three years. At her first confinement she had one, at the second two, and the last four. They are very poor, and there has been a subscription circulated to buy them a cow, but if they continue to increase in geometrical progression, they will soon need quite a dairy.

A. GARWOOD, M. D.

GLYCERINE IN PHTHISIS.

JONE, ILL., Aug. 4th, 1857.

N. S. DAVIS, M.D.,—I have lately been necessitated to use *glycerine*, after the manner of your formula as given in the *Journal*, in tuberculosis. In every case where I have used it, the patient has complained of *pain* in the *stomach*, commencing

with its use. Have you heard such complaint? If so, what occasions it? I am yours truly,

J. H. ROBINSON.

[We have prescribed glycerine almost daily for one or two years past, both in hospital and private practice, but have heard of no such complaint as above stated. We think it must be owing to the use of an impure article by our correspondent.—Ed. *Journal.*]

TO CORRESPONDENTS.

Interesting communications have been received from Drs. J. N. Graham, J. W. Crooks, Charles Brackett, J. P. DeBruler, C. Goodbrake, P. A. Allaire, and E. Read. They shall appear as fast as our space will permit; and the writers have our warmest thanks for their kindness. A short, but interesting article, came post marked Jacksonville. If the writer will send us his name, we will take great pleasure in publishing it with the article.

HOMŒOPATHY AND THE CHICAGO CITY HOSPITAL.

We see that several of our exchanges are representing this city as the only one in the country containing a public hospital under homœopathic charge. We would inform all such that our city hospital is not yet under the charge of any medical faculty. It has never been opened for the reception of patients, and we do not know when it will be.

HYMENIAL.

Married, in Orange, New Jersey, Nov. 28th 1857, by the Rev. F. A. Adams, D.D., J. B. Moffett, M.D., of Mineral Point, Wis., to Miss H. A. Larned, of Watertown, N. Y.

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

Extractum	Aconiti Fluidum,	One	fluid	drachm	is	equal	to	½	a drachm	of the crude material
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

Sargent & Ilsley's Solution of Chloride of Zinc,

For Purifying Sick Chambers, Sinks, Chamber Vessels, Vaults, Cellars, and for preserving Corpses, Preventing Moths, Exterminating Bugs, &c.

To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are offensive or injurious to health, has long occupied the attention of scientific men It has been found that Chloride of Zinc possesses this power in a high degree, and is also safe, economical and convenient.

It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

Our solution is of uniform strength, containing 35 per cent. of the dry chloride, and for most purposes should be diluted with twenty times its bulk of water. It is the cheapest, most effectual and convenient disinfectant known.

Its application is perfectly safe, both to persons and property; it is also free from the noxious and disagreeable odor of the chloride of lime, and the directions pertaining to the various disinfectants in common use. Full directions accompany each bottle.

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Are Wholesale and Retail Agents for the Sale of the *Concentrated Medicines manufactured from Indigenous and Foreign Plants, by B. Keith & Co.* Office, 590 Houston Street, corner of Mercer, New York City.

The high estimation in which these Medicines are held by those Practitioners who have tested their virtues, and their rapidly increasing popularity, induce us to recommend them to the Medical Faculty generally, with the assurance that a thorough trial will result advantageously.

We are prepared to offer the manufacturers' best terms to the trade, and being at all times well supplied, respectfully solicit orders.

We subjoin a List of these Preparations, to which additions will be made from time to time.

Powders.	*Obtained from*	*per oz.*
Ampelopsin,	Ampelopsis Quinque,	$1 50
Alnuin,	Alnus Serrulata,	1 00
Apocynin,	Apocynum Cannabinum,	2 00
Asclepin,	Asclepias Tuberosa,	1 50
Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerasein,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
Euonymin,	Euonymus Americanus,	1 50
Euphorbin,	Euphorbia Corolata,	1 50
Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea,	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
Macrotin,	Macrotys Racemosa,	0 62
Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
Rhusin,	Rhus Glabrum,	1 00

Powders.	*Obtained from*	*per oz.*
Rumin,	Rumex Crispus,	$0 75
Sanguinarin,	Sanguinaria Canadensis	0 75
Scutellarin,	Scutellaria Lateriflora,	1 50
Senecin,	Senecio Gracilis,	1 50
Stillingin,	Stillingia Sylvatica,	1 25
Strychnin,	Strychnos Nux Vomica,	3 00
Trillin,	Trillium Pendulum,	1 00
Veratrin,	Veratrum Viride,	1 50
Viburin,	Viburnum Oxycoccus,	1 50

Concentrated Tinctures.	*per oz.*
Con. Tinc. Apocynum Andro.	$1 00
" " Chelone Glab.	0 50
" " Digitalis Purp.	0 50
" " Euonymus Amer.	0 50
" " Eupatorium Purpu.	0 75
" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
Con. Comp. Stillingia Alterative,	1 00
Xanthoxylin Pills,	0 50
	per bot.
Con. Tinc. Gelseminum Semp. 6 oz. bot.	1 00
" " Veratrum Viride, 4 oz. bot.	0 75
Wine Tinc. Lobelia Infl., 6 oz. bot.	0 50

Oils.	*per oz.*
Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 50
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

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No. 1.	20 vials,	$5 00
" 2.	24 "	6 00
" 3.	28 "	7 00

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label, "*Prepared at the Laboratory of B. Keith & Co.*, NEW YORK." They will also be hermetically sealed and stamped "*B. Keith & Co.*, Organic Chemists, N. Y."

THE CHICAGO

MEDICAL JOURNAL.

VOL. I. FEBRUARY, 1858. NO. 2.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

A PAPER UPON "DISEASES OF THE TEETH,"

READ BEFORE THE COOK CO. MEDICAL SOCIETY AT CHICAGO, AND PUBLISHED AT THEIR REQUEST.

BY W. W. ALLPORT, D. D. S.

MR. PRESIDENT AND GENTLEMEN, — In obedience to your request, I appear before you, not to deliver a lecture, but to say a few plain words about some of the diseases of the teeth and their effects upon the general health. While I feel my own inability to do justice to the subject, I thank you, on behalf of my profession, for this recognition of ourselves as co-workers with you in the noble field of medicine.

The tendency of men to quackery, has always made your profession look with a jealous eye upon new divisions of medical labor. We do not blame you for your tardiness in recognizing the value of dental surgery; for, as the guardians of the people, you were bound to be watchful, where experience had taught that the people love quackery in medicine as they love fanaticism in religion. We have patiently waited, and having passed

through the ordeal of your scrutiny, I thank you, on behalf of my profession, for this expression of your generous confidence.

I take it for granted, you do not expect me to describe the details of operative dentistry, in which you could have but little interest; I shall, therefore, confine my remarks to the nature and causes of *some* of the diseases of the teeth, and their effect upon the health of patients — a subject which requires the watchful care of the physician not less than the skill of the dentist.

When a physician listens to a lecture on medical jurisprudence, he does not expect to become a lawyer; he simply desires to become familiar with some of those points of law which describe his duties and the mutual rights of himself and patients. On this principle, I take it for granted you do not desire to learn dentistry, but rather to gain that information which will enable you to avoid doing injury to the teeth of your patient, and also to judge when it is necessary to call to your aid the services of a competent dentist.

I will pass over the subject of first dentition with the remark, that where you are called to cut the gums, in order to facilitate this physiological process, the duty might, with propriety, be performed by us, for most of the diseases of these organs are the result of bad habits, formed in early life; so we cannot too early impress on the parent's mind the necessity of care for their children's teeth, and this can be done by no one so well as the dentist.

As the *decay* of the teeth is the *disease* which attracts the most attention, and is also most fatal in its results, the question arises, What is the disease called "decay of the teeth?" The theory of some of the most able practitioners of the past, — such as Fox, Tomes, Bell and Jourdain — was, that the decay of the tooth was caused by something which suspended or destroyed the vital action. Some supposed that the application of heat and cold injured the enamel, which laid the foundation for serious disease. Others thought that decay was produced by a lateral pressure of the teeth against each other; and others thought the use of calomel destroyed the constitution of the teeth, thus producing disease. This

last theory has become one of those popular fallacies which quackery has used without stint against your profession. In all these it was a common idea that decay sometimes began under the enamel, upon the surface of the bone. For lack of time, I shall pass over all these theories, except those of inflammation and calomel, by saying, that, like many other wise notions of the past, they are now laid away in the tomb of fogyism.

The theory of inflammation was, doubtless, the result of a supposed similarity in the structure of the teeth and the other bones. This reasoning would at first seem plausible. Upon this point Prof. Harris says:

"This inference, it must be confessed, to one who has not made the disease of the former a subject of close and critical investigation, would seem to be irresistible. But observation has proven it, so far as most of the diseases of the teeth are concerned, to be incorrect. By instituting a comparison between caries of the teeth and that of other bones, it will at once be perceived that there is not the slightest analogy between the disease as it occurs in the one and manifests itself in the other. In the former, it consists simply of a decomposition of the earthy basis of the organs; whereas, in the latter, it is analogous to ulceration in soft parts, and constantly discharges a fetid sanies, and throws out granulations of fungous flesh. These are phenomena which dental caries never exhibit, and they establish a wide difference between it and the disease as occurring in the other osseous structures of the body."

* * * * * * * * * * *

"If inflammation of the bony structure of the teeth were the cause of caries, the disease would be as likely to develope itself in one part of the tooth as in another. The root, the interior of the crown, between the pulp cavity and the enamel, would as frequently be the part first attacked as the exterior surface."

Instead of the decay of teeth commencing *under* the enamel, as it very likely would, were it at all analogous to the disease of the other bones, it is a fact, well known to every dentist, that it *never commences* under the enamel, but always makes its

appearance upon the outside, and insidiously works its way to the dentine, and thence to the pulp-cavity.

"So far as is known, the blood vessels are the essential seat of inflammation."* Inflammation consists of a change of condition of these vessels, accompanied with heat, redness and swelling of the parts. I think it is regarded as a correct theory, that true inflammation cannot exist in a tissue which does not admit red corpuscles of blood. Thus the cornea of the eye, though subject to a variety of diseases, cannot be regarded as in a true state of inflammation until vessels carrying corpuscles of blood *extend into it*. In ordinary bone, the average size of the tubuli is 1-500, and its smallest size 1-2000 part of an inch in diameter. The average size of the red corpuscles of blood is 1-4500 part of an inch, which, not being one-half the size of the smallest tubuli of bone, this portion of the blood can readily ramify every part of the bone, and its inflammation and suppuration can be accounted for upon the theory of common inflammation. But the physical structure of the dentine forbids the idea that inflammation is *ever* the cause of its decay; for we learn that the largest tubuli in the dentine is only 1-10,000 part of an inch in diameter; and it is plain that it is impossible for these corpuscles of double the size to pass into the dental tubuli. Unless there is some other principle upon which to account for inflammation, it is impossible for *true* inflammation to exist in the bones of the teeth.

Calomel, which has long been the scape-goat for the sins of your profession, as a *direct* agent, has no effect whatever upon the bones of the teeth. I shall speak of it hereafter as a medicinal agent, which may lead to conditions of the system that may cause decay of the teeth.

From this it is plain that we must look to some other cause than inflammation for this disease.

The analysis of the tooth shows that the enamel consists of 99-100 parts of mineral and 1-100 part of animal matter, 85 parts of which are lime. The dentine contains 72-100 of mineral to 28-100 of animal matter. Sixty-two parts of this

* Williams' Principles of Medicine, page 200.

mineral are phosphate and fifty-two parts carbonate of lime. With so large a proportion of the tooth made up of mineral matter, we should naturally look for its destruction, either in mechanical or chemical causes. From the nature of the case, it is very rare that mechanical causes can produce the effect. Experiments of a satisfactory character have proved that *acids* are almost universally the actual cause of decay.

The destruction of the teeth, as the result of external, corrosive agents was not generally believed until within forty years, and not fully demonstrated until about 1842, when Prof. Westcott, by a series of experiments, tested it fully. This opinion, so completely demonstrated by him, is now adopted by the dental profession.

To demonstrate the effect upon the teeth of some of the acids in common use, as condiments and medicines, I have filled six open-mouthed vials with acids, as I am assured by the druggist from whom they were procured, of the average strength used for medicinal and table purposes, and placed them in a water bath, kept at blood heat, for twenty-four hours. In each I have placed five teeth.

One tooth has remained 15 minutes.
" " " " 30 "
" " " " 1 hour.
" " " " 9 hours.
" " " " 24 "

We will now note the result.*

I venture the assertion, that in the city of Chicago, containing over 100,000 inhabitants, there are not 500 over five years of age, who do not take into their mouths, or manufacture in their systems, one or more of these acids, that is brought into direct contact with the teeth every twenty-four hours.

I presume that there is not one of you who is not in the habit of giving to your patients hydrochloric, sulphuric, nitric, citric, or acetic acid, nearly every day. It is true that you use the precaution of giving it through a tube, and if *you* were the patient, due care would be taken that it did not come in contact

* The following are the results of acids upon the teeth, as exhibited to the Cook County Medical Society, by Dr. Allport, Dentist. These notes were

with your teeth. But you are aware of the carelessness of most patients in the use of medicine, so that this precaution is of

necessarily taken in great haste, and may be slightly incorrect, but they are accurate enough for all practical purposes. THOMAS BEVAN, *Secretary*.

Time.	Sulphuric.	Hydrochloric.	Nitric.	Aqua Regia.	Citric.	Aromatic Sulph.	Acetic
15 minutes.	Enamel bleached.	Enamel slightly bleached.	Enamel easily removed with the nail.	Enamel slightly affected.	Enamel slightly roughened.	Enamel bleached.	Enamel but slightly affected.
30 minutes.	Roughened.	Roughened.	Nearly destroyed.	Considerably softened.	Softened.	Slightly roughened.	Perceptible effect.
1 hour.	Softened.	Easily cut.	Destroyed.	Easily removed.	Easily cut.	Considerably softened.	Slightly bleached.
9 hours.	Surface easily removed.	Much softened.		Enamel entirely destroyed.	Readily removed.	Easily removed.	Roughened.
24 hours.	Nearly destroyed.	Easily removed.	Tooth entirely destroyed.			Mostly destroyed.	Removed with a knife.

little avail unless taken under your own eye. Permit me to cite a case, which is only one of many, that have occurred under my own observation.

In August, 1856, a young lady, of seventeen years of age, called upon me to examine and attend to her teeth. I found them of full ordinary density of structure. I filled nine cavities with gold, and dismissed her, with her teeth in excellent condition, requesting her to keep them clean, and call upon me once in four months. At the expiration of this time she called, I found all the fillings in perfect order, and one new cavity to fill. I filled it, and told her I did not think she would require my services for a long time to come, but, as a precaution, desired her to see me as often as once in four months. In March following she went East, and being delayed longer than she expected, was thoughtful enough to write me, and ask if she had not better call upon some dentist to examine her teeth. I recommended her to an excellent operator, and after a thorough examination he pronounced her teeth in excellent condition. I mention these facts to show you that the constitution of her teeth was good, and not of that perishable kind which decay rapidly. The last of May, this young lady was taken sick, and unable to return home until September. She then called upon me, and to my surprise, I found her teeth in a deplorable condition;—so much decayed that it was beyond the power of my art to restore them to health. I advised her to use them for a time as they were, and then have them replaced by artificial teeth. Upon asking her what medicines she had taken, she said she did not know, but that one kind was something *sour*, taken through a glass tube. You will agree with me that it was a very sad experience of acids taken through a tube.

Hydrochloric acid is found in imperfect gastric juice. Food ejected from the stomach, after it has been commingled with this acid, acts with great energy upon the teeth, the enamel becomes *roughened*, thus making a lodging place for foreign substances.

Acetic acid, as you have seen, acts readily upon the teeth, and from its general table use, and its manufacture in the mouth, by the fermentation of vegetable and animal substances, lodged about the teeth, is probably the most common destructive agent.

Saliva, in a healthy state, is alkaline, and no doubt is beneficial to the teeth by neutralizing whatever acid it may come in contact with, in the mouth. The secretions of the mucous membrane are naturally acid, and when this membrane is excited, and the secretions increased, if there is no healthy saliva to neutralize this, and it is left to combine with fermented food, lodged around the teeth, the decay must be rapid.

It is not to be expected that the dentist can have much influence over these conditions;—the most he can do, is to point out their injurious effect upon these organs, and I hold it to be the physician's duty, that where he has reason to believe the saliva is vitiated, he should make examination with test-paper, and do all he can to correct the evil. I would suggest, that in addition to the precaution of taking acids through a tube, you should advise your patients, in such cases, to rinse their mouths with some alkaline solution, and thereby, in some degree, avoid the danger of this powerful chemical agent. As soon as the patient has been restored to health, the physician should see to it, so far as he is able, that his patient visits some competent dentist, so that no time may be lost in having whatever injury the teeth may have suffered, remedied as soon as possible.

I have said, that as a direct agent, calomel has no effect upon the teeth;—that serious, and even fatal results, to these organs are sometimes produced, I presume none of you will doubt;—but these effects are more often the result of the *injudicious* use of the drug, than a necessary result of its *judicious* use. The effect of calomel upon the system causes the gums and periosteum to inflame, and by absorption the necks of the teeth are left bare, and foreign substances are lodged between and around portions of the teeth not protected by enamel, and unless great care is taken to remove them, the decay is rapid and inevitable. The absorption oftentimes is so great as to cause the teeth to loosen and drop out. Calomel, also, by vitiating the saliva, acts upon the teeth. The truth, however, is, that calomel is not guilty of one-fiftieth part of the injuries to teeth charged upon it. The popular feeling against it has been so stimulated by the denunciations of quackery, that if a patient has taken calomel at any time in his life, the decay of his teeth is traced to this cause. He may have used

acids by the quart, and kept up a regular laboratory for their manufacture by food lodged around the teeth, and yet, *calomel* —*calomel* is the guilty one. It is but another illustration of the old adage, "Put a *lie* on horseback, and all the honest men in the world cannot chase it down;" and I am sorry to say, that some of my profession have been foolish enough to pander to this popular prejudice.

Perhaps there will be no better place to say a few words about the proper means of cleansing the teeth. It is by no means uncommon for the patient to answer the dentist's appeal to use the brush, by the objection: "Dr. —— says it injures the teeth to *brush* them,—a cloth is better,—the rough brush causes the gums to bleed, and wears off the enamel." Such advisers forget that a healthy gum will not bleed sooner than the tongue or lips, and that when they do bleed, it shows the necessity for depletion. The cause of this inflammation is the deposition of tartar, or other irritating substances, about the necks of the teeth, and under the free edges of the gums. There is the same necessity for its removal, as in the case of any other foreign substance, which causes irritation, and must be accomplished by mechanical means. When tartar has accumulated, it should be removed by the dentist. The brush and the toothpick are the proper instruments to keep them clean, and it will be a triumph in the work of preservation when our patients learn that every tooth has four sides and a top, and that the vigorous and systematic use of these instruments are requisite for their cleanliness. If cleanliness was thus practised, and the food carefully removed from the teeth after each meal, with the teeth perfectly formed, and the secretions healthy, decay would seldom occur.

From the fact that some teeth are of a hard firm texture, every seam or crevice in the enamel perfectly united, while others are of a comparatively soft or porous texture, leaving openings, where agents may readily find their way to the dentine, there is a corresponding difference in their liability to decay. The difference arises from the lack of a proper amount of bony matter being secreted at the time of the formation of the teeth. From the fact that the vital organization of the teeth is low, if once

imperfectly formed, they will remain with little change through life. The other parts of the body, being more highly organized, may in after life make up what its feeble energies failed to deposit in early life. We sometimes find teeth of very different constitution in the same mouth;—while one tooth was forming, there was an abundant supply of bony matter, and it cut its way through the gum in perfect condition; while another was in process of formation, the system may have been morbidly excited, the functions imperfectly performed, the supply of bony matter stopped, and assimilation checked; such a tooth can only be saved with the most scrupulous care on the part of the patient, and delicate and thorough manipulation of the dentist.

The administration of phosphate of lime to the mother, during the period of gestation and lactation, has been practised by Drs. Taft and Watt, of Cincinnati, as they think, with great success. I take the liberty to suggest, that whenever there is reason to believe, either from the mother's health, the condition of the teeth of either parent, or from children previously born, that good will result from such an experiment, it would be well to make the trial and carefully note the result. It is a new field, but from the experiments already tried, results have been obtained which will warrant further investigation.

I have not detailed to you all the causes of the decay of the teeth, for this would require a paper too long for your patience. If the theory, that external, corrosive agents are the proximate cause of this decay, is *correct*, then the *absolute cleanliness* of the parts, and the correction of any tendency to vitiated secretions in the mouth, are the only rational means for its prevention.

Having considered as fully as the limits of my time will permit, and yet as briefly as a due regard to the importance of the subject will justify, some of the causes which affect the teeth, I trust you will not think it improper, or outside of the *legitimate province* of dentistry, if I ask the attention of the Society to a brief, but general consideration of some of the influences and effects which the teeth and gums, when diseased, may have on other parts of the body and upon the general health.

An eminent writer upon this subject, says:

"As the body is a unit, knit by the closest bonds, pervaded

by one system of blood vessels and nerves, directed by one intelligence, and kept in a continual relation of reciprocal functions by an all-pervading law of reciprocal re-action and sympathy,—as diseases of other parts, and these which, in distinction to well defined and limited affections, we call general, are capable of affecting the teeth, it might be apparent, if we had no particular facts in evidence, that the morbid condition of the teeth may produce corresponding evils in other parts, and may even involve the whole system in troubled and morbid action.

"It might also be evident that severe and long-continued pain, located in the immediate vicinity of the brain, and in parts little accessible to soothing appliances, cannot be less dangerous to health, than pain in other organs, situated at greater distance from the nervous centres, and more easy of access.

"It might also be perceived that sensitive organs, in immediate contact with the great lining membrane of the thoracic and abdominal cavities, and intimately connected with it by function, cannot be less capable of propagating disorder to it, than parts located far from it, and having no immediate relation to it."

And yet as natural as these inferences are, and as important as they must appear to every intelligent and reflecting mind, you will pardon me, when I express the opinion, that this subject does not receive that attention from the medical profession which its great importance demands. Until quite recently, the question, whether, physiologically, or pathologically considered, these organs sustained any relation to the *hygienic* condition of other parts of the system, seems to have been almost entirely overlooked by physicians.

In cases of protracted ill health, the causes and conditions of which baffled the research and skill of the most intelligent in the profession, how few, in their earnest endeavors to improve the condition of their patients, ever pay the respect of a "hasty glance" at the *teeth* and *gums*, even when their morbid condition can hardly escape recognition by more senses than one. And when, at last, from anguish, their patients are driven to the dentist, as they suppose, for relief from local pain, and a

mouthful of decayed teeth is removed, and ulcerated gums take on healthy action, how positive and rapid oftentimes the improvement in the general health. Cases illustrative of this, I doubt not, are within the experience and observation of nearly, if not quite, every member of this Society; and yet, very few would, I apprehend, in their daily practice, ever look to the teeth or gums of their patients, for the cause of their continued ill-health, until every source, real or imaginary, had been inquired into, in the, perhaps, vain attempt to find it.

If then, in such cases, the primary or predisposing cause is so readily, and I may say frequently overlooked, how much more likely is the agency of such influences to escape the attention or detection of the physician, in cases of recent occurrence, and when the disease assumes a type and form readily recognized and acknowledged. Surely, if *unsought* for in the one, it would be *unthought* of in the other.

I would not be understood as asserting that any considerable number of the many and varied cases demanding medical treatment, and occurring in the practice of any one physician, have their origin in a morbid condition of the teeth and surrounding parts, but that cases do occur, presenting diseased conditions, from the mildest to the most complicated and severe, whose origin and continuance can be traced to a morbid condition of the teeth and gums, is a truth susceptible of abundant proof; and why it is that some medical men should be so unmindful of the fact, is to me not a little surprising.

Within the last few years, not a little has been published in our dental journals, on the real and sympathetic relations which exist between the diseases of the teeth and contiguous parts and the general system, and urging upon physicians the duty of oftener inquiring into the conditions of these organs, to see whether they are not the cause of much of the functional disturbance and organic disease which they are called upon to treat. But from the very *limited* number of dental journals taken by medical practitioners, and from the very little that I have found, in my limited reading of medical journals, written upon this subject, it is to be feared that very little is ever read by the medical profession upon this point.

This is to be regretted, for I am confident that if more attention were paid to this, many physicians would better appreciate the importance of the pathological influence of these organs, saving themselves much annoyance, and their patients much suffering.

You will all acknowledge that dentition, a *physiological* process, does exert a powerful and sometimes dangerous influence over the other organs and functions of the body; and if this be so, surely their pathological or *diseased* condition cannot be less affective.

Of the evils which may result from the various morbid conditions of the teeth and gums, you will hardly expect me to do more than simply allude to some of the more important, and in the fewest words possible, to suggest the manner in which they may be produced. To attempt to define particular diseases, remote from these organs, which may depend upon their diseased condition, would be taxing your patience too much. Like the varied and multiplied causes everywhere existing, which produce disease, they usually operate upon the system in a general manner, through the medium of its nervous and vascular connection, and by the vitiated secretions which result from their own morbid condition. Every physician is aware how slight and insignificant are the causes that sometimes disturb healthy action,—oftentimes so trivial as to be thought unworthy of attention,—and yet such is the intimate relation which one part of the system sustains towards every other part, that the slightest departure from health in one, is almost certain to be followed by a sympathizing disturbance in every other. And when we remember the many important structures of the mouth,—its nervous and vascular connections, its glands and secretions, its office in the mastication and preparation of our food for the stomach, and its intimate relation with a healthy condition of that organ,—we have presented to us, in its several parts, functions the most important in their character, and a source of power over the general health, which should ever claim the watchful attention of the medical attendant.

In another part of this paper, I have spoken of the decay of the teeth, only with reference to the *causes which produced it.*

Among the most common evils attendant upon decayed teeth, is what is known as *toothache*, occasioning oftentimes the most severe suffering; and after the destruction of the pulp, the contiguous parts are often involved in inflammatory action, occasioning a general disturbance of the whole nervous system, and, if long continued, more or less functional derangement; for no degree of *nervous irritability* or *excitement* can long exist, without, in some degree, being prejudicial to a healthy action of the various organs of the body.

Cases illustrative of this, I presume, are of almost daily occurrence in the experience of every medical man, in full practice, where the primary or secondary cause was to be found *only* in the unnatural influence of a morbid condition of the nervous system. The intimate sympathetic relation which exists between the uterine functions and other parts of the body, and the various and widely different manifestations of functional and constitutional suffering which certain of its physiological and pathological conditions induce, are well-known;—and why may not diseases of the teeth, and their appendages, if not equally prejudicial in their results, be equally *positive* in their effects?

Among the "thousand ills to which flesh is heir to," there are perhaps none whose causes are so little understood, and their cure so difficult as those of the nervous system, and among this class of affections I may mention *convulsions*, which are sometimes produced by an irritability of the dental tissues. We can refer to well authenticated cases of this kind, where cures have followed the treatment of the dental structures alone. And I doubt not many more of the class of affections known as "*nervous*," might claim from physicians a like acknowledgment of their paternity, if their true cause could be known.

Under my observation have occurred some cases of this character, where, after months and years of suffering, and long-continued treatment, in the vain attempt to regain lost health, it was only recovered by having the attention called to the condition of the teeth, and their appendages, as acting a very important part in the disturbance; and after restoring these parts to healthy action, the general health was recovered.

Among these, as showing the importance of giving careful attention to these organs, I will mention the following:—

Case 1.—Miss F., daughter of a very respectable physician, was taken sick when she was three years of age; partially recovered; had a relapse; was taken with convulsions; partially recovered again; had another relapse; and was thus alternately better and worse until five years of age, during which time she ceased to grow, and became quite emaciated. Meanwhile, her father and other physicians exhausted their skill in their endeavors to relieve her case, but all with no apparent benefit.

I happened to allude, while in conversation with him, to the benefit which a lady patient of his had derived from my extracting a number of bad teeth for her six months previous. He remarked that Florence's teeth were badly diseased, and asked if I supposed they could have any material effect upon her health. I answered, that as I had not seen her, I could not tell. At his invitation, I called upon her, and found her not able to walk, and in a very emaciated condition. Upon examining her mouth, I found her six front upper teeth and one molar on each side decayed off to the gums, the gums badly swollen, and the mucous membrane of the roof of the mouth in an excited condition. I gave, as my opinion, that whether the condition of her teeth had been the original cause of her sickness or not, it was not impossible that they acted a very important part in keeping her in her present condition, and advised their extraction. On removing them, large quantities of pus followed, and I found the alveoli very much diseased. Upon inquiry, I found that, during her two years' illness, she had been troubled with toothache and swelled face much of the time. After the extraction of the teeth, she began to recover, and without the aid of medicine regained perfect health.

Case 2.—Mrs. S., of this city, called on me in March, 1856, in very poor health. She had been so much of an invalid for several years, that she had been able to do but very little. She told me she had doctored a great deal, but without avail. I found her teeth and gums in a bad condition. Her teeth were past saving, and I accordingly extracted eleven. She called on me again in three months, and her health was so much im-

proved, and she had gained so much in flesh, that I hardly knew her; and she is now, without the aid of medicine, perfectly restored to health.

I could give numerous instances, coming under my own observation, and others from reliable sources; but these will suffice to illustrate this matter.

Intimately connected with the teeth and their appendages, is the stomach and its functions. The process of digestion is commenced in the one, and nearly completed in the other, and to its perfect accomplishment, a healthy condition of the body is requisite. Nature never designed the teeth for mere *ornament*, nor the secretions of the mouth as simply fluids to moisten our food for an easy deglutition. They have other purposes to serve in the animal economy,—the one, that of mastication of the food, and the other, that of an essential constituent in the process of digestion, and it follows, as a legitimate inference, that any departure from a healthy condition of these organs, or any change in the condition of these fluids, from what is normal, must sooner or later weaken the digestive powers, and favor the establishment of dyspepsia and its attendant evils. Much more might be said in support of this argument, but your intelligence renders it unnecessary.

I wish to allude once more to a subject, to which reference has been made, and I have done. I refer to the inhalation of air, rendered *impure* and unwholesome from a want of cleanliness and care of the teeth and gums. If "cleanliness is akin to godliness," surely the door out of which our thoughts go forth, and through which air for our lungs, and the rations for the body enter, ought to be kept clean. The vile smells which greet our noses, from some mouths, are any thing but good evidences of a cleanly mind. Nor is this condition confined exclusively to the lower walks of society. Many persons who expend ample time in dressing and adorning their outward persons, and lay great claim to respectability, brush their teeth but "*semi-occasionally;*" and when this duty is performed, it is so imperfectly done, that it is but seldom that anything more than their *front* teeth are touched; and their back teeth are left in such a disgusting condition, that we have

ample reason to doubt their having a good title to the claim of gentility. It is an every-day experience to meet persons, who, from infancy, have no more thought of brushing, or otherwise cleansing these organs, than if such a thing were unknown. This neglect results in an accumulation of food, tartar, and other matter, between and around the teeth, undergoing decomposition and change, which, added to the offensiveness of the morbid state of these parts, makes up such a "*combination* of *villanous smells*," that it would be difficult to imagine *any place*, the odor of which would not be a *relief*. And the medical and dental professions, as guardians of the public health, will have accomplished much when they shall have taught the people to keep their mouths clean. To talk of sending such persons to the sea shore for pure air, without properly treating their decayed teeth, and otherwise purifying their mouths, is simply *nonsense*. It would have been as easy for the hosts of Pharaoh to pass through the Red Sea *dry* as for pure air to reach the lungs through such a "*pass*" uncontaminated with pestilential vapors. And how such persons can *live* is to me a great mystery; but I *suppose* it is all in "knowing how," and it is a singular illustration of the power of the "*force of habit.*" But justice does not always sleep, and such persons will sooner or later pay the penalty of outraged decency and their defiance of the laws of health.

Thanking you for your kind indulgence and attention during the reading of what, I fear, has been an uninteresting paper, I will take my leave of the subject, amply remunerated if I have succeeded in suggesting a useful thought to your minds upon the importance of giving the "*diseases of the teeth*," in your intercourse with your patients, your careful and earnest consideration.

Gentlemen, our professions are different, and our fields of labor separate, and yet they depend upon each other; and he is the better prepared to practise the one who has an intelligent understanding of the fundamental principles which guide the practice of the other.

ARTICLE II.

ULCERATION OF THE OS UTERI.

READ BEFORE THE COOK COUNTY MEDICAL SOCIETY, AT CHICAGO.

BY J. N. GRAHAM, M. D.

On a question like the one before us, upon which there is the widest diversity of opinion—a difference, too, not between the true physician and the mere pretender, or the man of science and experience, but between minds of the highest grade of intellect, and the best advantages for testing, each the *truth* of the position he assumes, it is no easy matter to come at the truth; and we are far from arrogating to ourselves the right to decide in which of the varied opinions now so earnestly contended for lies the real merit or the unqualifiedly correct method of treating the diseases in question. Nevertheless, it is the prerogative of the unbiased learner to view this or any question of dispute in all its bearings, with all its *pros* and *cons*. The truth of any system is best developed and brought to light by thorough investigation. And yet, on many questions, it is difficult to determine which is right, and why men of enlarged experience should so widely differ. But, alas! for the best of men, it is human to err. The highest of intellects are not free from bias; and men often, in the science of medicine, as in other things, set up for themselves an imaginary image, and then bend every energy to clothe it in form, and give it comely proportions. Every theory or ism that has had existence, from the crudest notions first formed in the far off ages, when our science had but its faintest beginnings, to the present, has had its advocates. Each supposed that *this* alone was right, and *that* was wrong. As in the disease before us, one party assumes that as the *cause*, which the other regards only as the *effect;* and thus each argues from his assumed basis, and *on* that basis (which may be wrong or not) goes on to prove, by statistics and argument, the validity of his position.

Bennet will tell you that "inflammation and ulceration of

the neck of the uterus are, in the majority of cases, the real cause of morbid uterine changes and symptoms, and that a little reflection will show that this must be the case." And to prove this, he gives you in array three hundred well marked cases treated by him in the Western Dispensary, in London, every case minutely examined and reported, with the results of treatment.

On the other hand, Dr. Ashwell, occupying similar advantages in Guy's Hospital, will tell you that not more than twenty cases of ulceration of the cervix uteri in a thousand occurred. Again, West will summon before you a long catalogue of cases possessing all the diagnostic signs of ulceration of the os uteri, and prove to you most conclusively that in between forty and fifty per cent of these cases, marriage, pregnancy, abortion or delivery, are referred to as the *primary* cause, and that, if ulceration exists at all, it is but the consequent upon these or some other cause, and not itself the producing cause of all the other symptoms.

In this state of things, it would appear at least that the data from which we have to draw our conclusions is in a very imperfect state, and that, for the *truth* of the question, we have to form our opinion from observation, and from what we can gain from the conflicting elements before us. But a superficial glance at the anatomical and physiological structure of the uterus will give us some clue to its amenability to disease. Hanging pendulus, as it is, suspended almost entirely by ligaments in the pelvic cavity, its venous structure devoid of valves, thus impeding the return of blood from its extremity, and increasing the tendency to congestion; while its *body* is composed of dense muscular fibre, the cavity of which is lacking in cellular tissue, lined by a nearly elementary mucous membrane, thus making it less susceptible of inflammation. Its *neck*, on the contrary, contains cellular tissue, is of a less dense structure, more vascular, and has its cavity lined by a thick vascular membrane, "studded by numerous mucous follicles," every way susceptible to inflammation and ulceration.

When we remember, also, that the uterus receives a large portion of its nerves from the spermatic, aortic and hypogas-

tric plexuses, thus being left almost entirely to the control of the sympathetic nerves, and subject as it is to the various changes consequent upon the important functions it has to perform in the economy of nature, we shall not wonder that it is more or less amenable to the disease under consideration. Still, from all this, we are no better prepared to account for the variety of opinion in regard to the extent or importance of the specific ailment before us. We can only answer as before, that, having once established or assumed a position, the tendency is to make everything else subservient to that. Hence, that alone is regarded as truth which seems to substantiate and fortify the position taken. It is a glorious excitement for the adventurer to strike out upon some new and untried path, and leave others but to humbly tread in the highway to eminence he has marked out. But, alas for the aspirant! his fancied visions often fly before the light of truth, like the shadows before the coming morning. That there is such a disease as ulceration of the os uteri, no practitioner will deny; and it is equally as clear to our mind, that in many this is the *cause* of the general ailment for which we are often called to prescribe, and that *local* treatment will remove the cause, and the patient recover. There can be no impropriety in assuming that the various sources of irritation consequent upon the female existence, such as catamenia in all its varied and irritating forms, marriage, abortion, delivery, etc., are in themselves fruitful sources of inflammation and ulceration of the os uteri, and that from some one or all of these causes we may find it to exist.

But the skillful physician will discriminate between symptoms and results that arise from merely local causes, and those that are the result of *general* ailment, and will adopt his treatment accordingly.

Within the last few years there seems to have existed a *womb-burning* mania; and no sooner does the female of pallid countenance and hypochondriac tendency complain of "weakness in the back, depression of spirits, irregular or painful menses, leucorrhœal discharges, bearing down pains," and so on, than the cause is at once divined, and, forsooth, she must be burned! A new discovery has been made in the healing

art, and nothing will answer but she must submit to a long series of painful treatment. Perhaps she recovers—perhaps not; but if not, "the disease was incurable; she had gone too long" before the distinguished pretender was called; and leaving her with this poor consolation, duped by her simplicity and his duplicity and ignorance, he hurries on to another, and yet another victim. His popularity and means of gain but increased by the number he victimizes. Alas! that such should be true of any who holds a position in the medical profession. But, we blush to say it, the fact, in some cases, is undeniable.

We have in our mind a practitioner residing in another city, claiming the position of a respectable physician, and holding an enviable position in point of practice, who, for the five or six years with which we were acquainted with him, was never without a large number of such cases. Indeed, he usually reported more such under treatment than all the other physicians together, in a population of some twenty thousand. At one time he was known to have twenty-one such cases under treatment at once, all on one ill-fated street. And this is but a specimen of the way in which many, of late, have ridden into popularity.

Alas! for fallen humanity—for our profession! It only proves that the longer the ears, the more obtuse and brazen-fronted the brain, the nearer approximation to the animal called *ass*, the surer his prospects of success.

We said the judicious physician will discriminate between the cases brought before him, and adopt his treatment accordingly. Ascertaining the *cause*, he will go to work to remove it, wisely selecting the means to the end. He will judge between the symptoms that arise from local irritation, where the general health is not impaired, and those that are the result of general derangement. In the one case, a few well-directed astringents or escharotics applied, or, it may be, emollient washes, and strict adherence to cleanliness on the part of the female herself, will produce a cure when constitutional treatment would appear superfluous. In the other case, his patient reduced in strength, anæmic, with all the symptoms of a vitiated and deteriorated state of the system, with marked ulceration of the

cervix uteri, requires *general* as well as *local* treatment. Here he goes to work to restore the constitution to a healthy condition. The digestric functions are regulated, and the general system is built up by tonics and chalybeates, such as quinine, syrup, iodide of iron, iron combined in any of its forms, regular habits, fresh air, generous diet, etc., with local applications when necessary—in short, a treatment based on general principles, until jaded nature is restored to its normal condition. We have on hand some such cases—one of malignant ulceration, with general ill-health. The patient informed us she had been ill of uterine difficulties, and had been treated for such for eight years of her married life, had often conceived, but as often miscarried; indeed, she looked like a living bed-ridden specimen of disease and hypochondriacism. She had never borne a living child. Under constitutional and local treatment for about three months, she recovered, and has since given birth to two living, healthy children. We can also bear evidence to some such cases, as reported by Bennett, of ulceration treated successfully, during the first months of pregnancy, by applications to the diseased parts, and of other cases, where little else was done than to pursue a constitutional treatment. And why not ulceration of the cervix uteri be cured by constitutional treatment, as well as aptha, or the ulcers on the cheeks and tongue in stomatitis materna. Do we not often find the same deteriorated state of the system, brought about by the same causes, or induced by a scrofulitic tendency, in the one case that we do in the other? In stomatitis, for instance, we have general derangement of the economy—a breaking down of the fibrous structure of the blood—a want of albumen, and all the healthy constituents in its vitalization. Where we find defibrination of the blood, with the collateral constitutional ailments that generally follow, may we not with an almost certainty look for a diseased mucous surface? In the "nursing sore mouth" of the mother, with wan cheek, emaciated form, deranged appetite, indigestion, nervous sensibility and general debility, no physician posted in his profession would think of curing his patient by applications or washes for the mouth, while the general system was neglected. By treating the

patient constitutionally, the ulcers of the mouth would heal. The same will follow in multitudes of cases where there is ulceration of the uterus, keeping the parts clean by soothing emulsients or pure water.

The ten thousand injurious habits of society now-a-days—such as dress, diet, irregular hours, over-heated and badly-ventilated rooms, with the vices common in the lower grades of society—are all calculated to undermine the female constitution, and increase the frequency of this disease; and the physician who relies on local treatment alone will come sadly short of relieving the malady.

We find, as we have said, a great discrepancy in the hospital reports—a difference in the *extent* of the disease and the treatment best adapted to its cure. Statistics have been piled up before us to fortify whatever position was assumed or deemed to be right, without regard to the source from whence the material was taken. In the hospitals of London and Paris, for instance, are collected the common prostitute, the low and the vile, from the very dregs of society. In these we might expect this disease, local and constitutional; and in large numbers reported, the treatment was both local and constitutional: so that it may be a question how much to attribute to one method or the other, or to both united. As reported by Ashwell, most of the cases, with all the constitutional symptoms of ulceration recovered under general treatment. We believe the data from whence our hospital reports are taken are not to be relied on as furnishing a correct estimate of the extent of the disease, or the comparative number of females afflicted, from the fact that the material there collected is such that would engender this disease from the very causes existing in itself. And again, each reporter, anxious to establish his own position, may easily find material for doing so.

The question of the magnitude and extent, or importance of this disease, may yet be a subject for further investigation. And still, we see no good reason why there should be such a diversity of opinion on a matter so amenable to the practice indicated by common sense. We enter our protest against any system that would make it a hobby upon which to ride into

popularity; and we are very suspicious of the skill or honesty of any physician who from day to day multiplies his number of cases, and exults in his success in cauterization. Let us be governed, in our treatment of this and all other diseases, by great general principles. Then we will have no hobbies to ride; our treatment will be governed by the exigencies of the case, and the results, based upon the true foundation of science, will bear investigation.

ARTICLE III.

CASES IN PRACTICE.

BY CHARLES BRACKETT, M. D., ROCHESTER, FULTON COUNTY, INDIANA.

Nov. 21*st*, 1857.—I was called to see a case of what was considered paraphimosis, producing gangrene penis. The line of demarkation had already formed, and the corpus cavernosa *appeared*, with the skin, completely ulcerated through, only the corp. spongiosum remaining to be cut through. This line of ulcerative amputation was about half an inch from the pubis. My going out was to amputate; but as nature was doing the job so completely, I concluded to wait, and see how she would finish it.

The history of the case—very defective, of course—was this: Some eight or ten days previously, the boy, —— Scott, aged 12, complained of some lameness, but attended to the chores as usual till the 20th, when he suffered so much that his mother questioned him more closely, and he said he had pain in his bowels, but wanted nothing done. The mother compelled him to have the bowels fomented, and then discovered that the penis was completely black, and nearly off. She then sent for my partner, Dr. Gould, who supposed the case one of strangulation and gangrene from paraphimosis. The next day I saw him, and remarked that the only case I had ever seen similar was in the practice of Dr. White, (my preceptor,) of Cherry Valley, N. Y., and that was caused by a string having been tied about the member to prevent incontinence of urine. There

the string was discernible, and easily removed. In this case the boy said he had never tied the member, or hurt it in any way. *I foolishly believed him*, and thought of the case as did Dr. Gould, very much against my own convictions, however, and left the case to nature till to-day, when I visited him again. Penis still black; ulceration *no deeper*. Why? I asked myself. Because a string must have cut through so deep, and will not cut any deeper. I took a probe, felt, and saw the string, a small, strong hemp one; raised it with small forceps, and cut it with scissors, much to the relief of the boy and myself. So much for *trusting to the story of a patient suffering from disease, or injury of any part of the genitalia, male or female.*

The result of the case remains for the future to disclose. Nature can and will do very much, if she only has a chance. Here is a boy, well formed and hearty, who must have suffered all the horrors of retention and strangulation for days, until the string had cut through the skin, part of corpora spongiosa and corpora cavernosa; after which the meatus became pervious, the pressure of the string being removed, and the retention, of course, ceased; yet the penis, only being attached by the canal of the urethra, was about to be amputated. He was perfectly silent, unwilling to confess his fault, though he lost his penis for it. Here is a good nut for your moral philosophers to crack.

ARTICLE IV.

ADVANTAGES OF THE PRONE POSITION IN EXAMINING THE FŒTAL CIRCULATION AS A DIAGNOSTIC SIGN OF PREGNANCY.

BY W. BYFORD, M. D.,

Professor of Obstetrics in Rush Medical College.

The fœtal heart may be heard to beat several weeks sooner by placing the woman on her face, with the abdomen pendant, than in the supine or erect position. In the prone position, with the head lower down than the level of the feet, and the abdomen hanging freely down from the spinal column, the

uterus rises out of the pelvis, and, by its weight, keeps in close proximity to the anterior wall of the abdomen; and the fœtus, being of greater specific gravity than the liquor amni, will settle down on the most dependent part of the uterus. In this condition of things, the ear of the observer or the end of the stethoscope is placed against the lowest part of the uterine tumor, and pressed pretty firmly upward against it, and thus brought pretty close to the heart of the contained fœtus, nearer, in fact, than in any other position that can be assumed. In cases of doubt between peritoneal dropsy and pregnancy, or in which an abundance of liquor amni simulates dropsy of the peritoneal sac, this position will avail us in making the diagnosis. As in early pregnancy, when the liquor amni is relatively abundant, the uterus settles down on the abdominal walls by virtue of its weight, while the child will sink to the bottom of the liquor in which it is contained. By this procedure we may diagnosticate with certainty what has hitherto been the most obscure cases, such as have time and again betrayed the most learned and skillful obstetricians into grievous errors of diagnosis and treatment. More than one case are recorded by their candid authors in which tapping diagnosticated the existence of pregnancy independently, or connected with dropsy of the peritoneum. If the child is sufficiently healthy and vigorous to perform its circulating functions properly, there need be no difficulty in detecting the sound of the heart in those embarrassing cases by this method. Although not necessary in ordinary cases, this plan will enable us more easily and readily to discover the sound of the fœtal heart and general motions of the child than if the woman was placed on her back in bed. By it we may also isolate the sounds of the uterine and placental vessels from those of the aorta and iliac arteries. The uterus separated from the spine by settling upon the dependent abdominal muscles, will not conduct the sound made by, because no longer in contact with, these vessels; while the vessels of the uterus and placenta may be heard with great distinctness. Not long since I was enabled to diagnosticate the existence of pregnancy in combination with peritoneal dropsy, and perhaps increased liquor amni, with the

patient in the prone position that I could not in the dorsal. Ordinarily, it will be sufficient to cause the patient to stand by, and lean her chest upon a moderately low bed, in order to give us a fair opportunity to examine the abdomen, particularly if pregnancy is somewhat advanced. The flexible stethoscope is a very handy instrument to relieve us from a fatiguing and not very delicate posture. It is indispensable that the patient should have no clothing on the anterior part of the abdomen but the chemise; and if this region is entirely nude, so much the better. In cases requiring a more thorough examination, as in the early periods of pregnancy or complications, the thighs will be in our way, and prevent the requisite freedom of examination. The patient should be placed, in such instances, on an inclined plane, so arranged as to leave the abdomen pendant. This may be made by chairs, stools or tables, with pillows placed upon them. Although I am not aware of it, the above suggestions may have been made by some one else long ago. However this may be, I am satisfied that they will be of great use to many members of the profession, if they will remember them when appropriate cases present themselves in their practice.

PROCEEDINGS OF MEDICAL SOCIETIES.

DE WITT COUNTY MEDICAL SOCIETY.

The society met in quarterly session at the schoolhouse in Marion, January 4th, 1858, at 2 o'clock p. m.

Members present—Drs. J. W. Redden, T. K. Edmiston, J. B. Hunt, J. C. Ross, John Wright, B. S. Lewis, E. Richards, J. H. Tyler, Z. H. Madden, W. W. Adams, J. McHugh, J. J. Lake, and Christopher Goodbrake.

The President, Dr. Adams, in the chair.

The minutes of the previous meeting were read and approved.

Dr. Lake reported a very interesting case of puerperal dis-

ease, which was discussed by Drs. Edmiston, Tyler, Lake and Goodbrake.

Dr. Ross reported a remarkable case of retained placenta. It seems that three sacks or pouches—in shape and size resembling the finger of a medium-sized glove — had formed in the uterus, into which portions of the placenta had intruded, and become strangulated, by the mouths of the pouches being constricted, and firmly holding the portions of the placenta within them. In addition to this, a large portion of the placenta was adherent to the fundus uteri so firmly that it was impossible to remove the whole of it with the hand, without using too much force. Ergot was also administered without any good result. The case was left to nature, with the exception of injections, to correct the offensive discharge, and medicine to allay a slight irritative fever which ensued. The woman got along well.

Dr. Lewis read a valuable essay on the "*Pathology and Treatment of Phthisis Pulmonalis.*" The essayist had evidently studied the disease well. He gave a *resume* of the different theories advanced in regard to the pathology of this insidious destroyer of mankind, and also of the treatment which has from time to time become fashionable. He deprecated the idea of other diseases terminating in phthisis, where there was not a "previous tendency" to tuberculosis. The Doctor thinks that iodine may be of service to correct the tubercular diathesis, but is certain that it does harm after the tubercles have formed, and more especially when they begin to soften. He recommends, as the only available treatment, where the disease has once fairly set in, tonics, with plenty of fresh air, exercise, and nourishing diet.

The essay was discussed by several of the gentlemen present.

Dr. Redden read an essay on "*Man Physically and Intellectually Considered.*" The essay was well written, and was listened to with much interest.

Dr. Ross read an essay on the "*Pathology and Treatment of Typhoid Fever.*" The essayist advocated the abortive treatment at the commencement of the disease. He believes that the disease can, in almost all cases, be "broken up" by large

doses of quinine. If the disease should continue in spite of this treatment, then to continue the quinine in smaller doses throughout the disease, in connection with turpentine, etc. The Doctor says he is very certain that mercury, in any form, is never administered with any benefit whatever in this disease.

The essay called forth an animated discussion, in which most of the gentlemen present partook, pending which the society adjourned until half-past 6 o'clock.

EVENING SESSION.

The President called the society to order at half-past 6 o'clock. The discussion on the essay of Dr. Ross was continued by most of the members present.

Dr. Edmiston did not believe that typhoid fever could be cut short. He thought the disease specific in its character, and that Peyer's glands became affected from the outset; that the lesion of the mucous follicles and glands was, in fact, *the* disease, and must run a certain course; and all that the physician could do was to husband the strength of the patient, and treat the symptoms as they presented themselves. He never could derive any benefit from quinine, except in the last stages of the disease, and thought calomel, hydrarg. cum cretia, and mass. pil. hydrar. (whichever was most indicated) could be administered with great benefit—if proper *discrimination* was not lost sight of—throughout the different stages of the disease under consideration.

Dr. Goodbrake thought it not impossible to cut short an attack of fever. He did not believe that Peyer's glands necessarily became involved in all cases of this disease. He thought, because a patient had typhoid fever, it did not always follow that he had to be sick a certain number of days or weeks; but had seen patients laboring under well established typhoid fever get well at all intermediate spaces of time, in from a few days to several weeks. He did not believe in treating diseases by their names, but endeavored to treat symptoms as they appeared throughout any disease; and he believed the pathological conditions, as evidenced by the symptoms, usually observable in typhoid fever contradicted the administration of mercurials. He believed the views set forth in the essay mainly correct.

Dr. McHugh held, that in the disease under consideration, there was, in a certain degree, from the very first, great nervous prostration, an impoverished state of the blood, and a want of proper tonicity in all the assimilative and excretive organs; and, consequently, we should make choice of such remedies, and make use of such means as would brace up the nervous system, and enrich the blood. And, as a matter of course, calomel—judging from its well known effects upon the blood, when given so as to produce its specific action upon the system, could have no good, but, on the contrary, have a bad effect.

Drs. Adams and Hunt agreed in a great degree with the essayist.

Drs. Richards, Lewis and Madden held views similar to those expressed by Dr. Edmiston.

On motion of Dr. Edmiston, the thanks of the society were tendered to Drs. Ross and Lake for their reports, and to Drs. Lewis, Redden and Ross for their essays.

Dr. Richards moved that when this society adjourns, it shall be to meet on the first Monday in May, instead of the first Monday in April. Carried.

On motion of Dr. Madden, the society went into an election for delegates to the American Medical Association, when Joseph C. Ross, M. D., and Christopher Goodbrake, M. D., were elected, and each one authorized to appoint a substitute in case he cannot attend.

On motion of Dr. Richards, the following resolution was adopted:

Resolved, That at each meeting of this society the President shall announce a subject for discussion at the next meeting of this society.

In conformity with the above resolution, the President announced *Stomatitis Materni* as the subject for discussion at the next meeting of the society.

The President appointed Drs. Wright and Richards essayists at the next meeting.

On motion of Dr. Redden, the thanks of the society were tendered to Drs. Lewis and Lake, and, through them, to their

ladies, for the very liberal hospitality extended to the members of this society during the present session.

On motion, a copy of these proceedings was ordered to be furnished the *Chicago Medical Journal* for publication.

On motion, the society adjourned, to meet in annual session, at Clinton, on the first Monday of May next, at 10 o'clock a.m.

ORGANIZATION OF MEDICAL SOCIETY OF WAUPACA COUNTY, WISCONSIN.

In accordance with previous notice, the physicians of the County of Waupaca convened at the Court House, in the village of Waupaca, on Wednesday, September 23d, 1857, and proceeded to organize a County Medical Society, by electing the following officers for the ensuing year:

President, ...	Isaac E. Thayer, M. D.
Vice-President, ...	B. W. Foss, M. D.
Recording Secretary, . .	Geo. H. Colkins, M. D.
Corresponding Secretary, .	Parley Dickinson, M. D.
Treasurer, ...	Geo. R. Taylor, M. D.

Censors—Drs. L. B. Brainard, C. Linde, and T. Lawyer.

Drs. Foss, Taylor and Colkins were appointed a committee to draft constitution and by-laws, to be presented at next meeting.

Dr. C. Linde was chosen delegate to the State Medical Society.

On examination, the Board of Censors reported favorably to the admission of John S. Pashley and J. Warren Perry, and on motion they were admitted as members.

The local papers and *Chicago Medical Journal* were requested to publish the above proceedings.

The society then adjourned to meet at Weyanwega on the first Thursday in April, 1858.

ISAAC E. THAYER, *President.*

Geo. H. Colkins, *Rec. Sec.*

BOOK NOTICES.

PRIZE ESSAY: RATIONAL THERAPEUTICS, or the Comparative Value of Different Curative Means, and the Principles of their Application. "*Natura Duce.*" By WORTHINGTON HOOKER, M.D., of New Haven. 1857.

This is the essay to which the prize of one hundred dollars was awarded by the Massachusetts Medical Society, at its annual meeting, June 3, 1857. It is headed by the following sentence, extracted from the speech of Dr. A. A. Gould before that body, at its annual meeting in 1855: "We would regard every approach toward the rational and successful prevention or management of disease without the necessity of drugs to be an advance in favor of humanity and scientific medicine."

Dr. Hooker is well known to the profession as one of the most talented votaries of the science of medicine in this country. His pen, although not so prolific as some, is always wielded with signal ability. This essay is written in a spirit of temperate philosophy and earnest impartiality, and convinces the reader that the author is a man actuated by conscientious motives. The style is lucid and vigorous, while the matter contained in it evinces profound knowledge of the subject and a thorough acquaintance with the literature of the profession. Let everybody read it who is fond of *multum in parvo.*

We extract the following instructive observations on the use of mercury, as an example of his manner of dealing with the subject. The extract commences on page 22.

The change which has been made in the use of mercury, during the past twenty-five or thirty years, presents many points of interest. Its use for some purposes has been entirely discontinued. It was quite largely used for some length of time in fever, with the idea, that, if the constitution could be brought under its influence, the fever would be removed; a mercurial fever, as it might be called, taking its place, which the recuperative powers of nature could easily remove. Although in some cases this mode of practice seemed to produce the effect intended, it was found, on the whole, so frequently to fail, and to be attended sometimes with such disastrous results, that it has been

wholly abandoned. Mercury is used, at the present time, very sparingly in fever, and only so far as it is needed to affect the secretions, or to combat accompanying inflammation.

Mercury is also discontinued from use in the exanthematous diseases, unless there be some special reasons in the complications of these diseases for its employment. At one time, its use was highly lauded by Dr. Armstrong and others as a remedy in scarlatina; but, at the present time, there is no truth more definitely settled by the experience of the profession, than the impropriety of its use as a common remedy in this malady.

Mercury is no longer used as a common cathartic. It has come to be the settled practice of the profession to avoid its use, in this respect, in all cases where the distinctive effects of this drug are not called for. This is in strong contrast with the incautious and indiscriminate use of this remedy which was so prevalent, both in and out of the profession, during the first quarter of this century.

The same discriminating experience which has discarded mercury as a general remedy in fever and in the exanthemata has retained it in the treatment of inflammations; but it has been found that it need not be pushed to the extent that was formerly supposed to be necessary in this class of diseases. In most cases, it is not necessary even to affect the gums; and salivation is always to be avoided; although, in some severe cases, it is proper to run the risk of producing it.

The combination of calomel, antimony, and opium, which, in various proportions, is now so much used, is a remedy of very great value in the treatment of inflammatory diseases. To Dr. Robert Hamilton, of Lynn Regis, England, the credit is commonly given of first drawing the attention of the profession, in the year 1783, to the efficacy of this combination. He says that its usefulness was first suggested to him in following out a hint given to him by an army surgeon, in relation to the use of calomel in the treatment of acute hepatitis. He added opium to the calomel to relieve the pain attendant upon inflammation, and then antimony to relieve the febrile excitement and to produce perspiration; and, inferring that this combination might be serviceable in the treatment of the inflammation of other organs as well as that of the liver, he proceeded to verify the inference, and thus inaugurated a practice which has become established by abundant experience as one of the permanent advances of the profession in the treatment of a very wide range of disease.

Mercury is a remedy of great value in the treatment of many chronic diseases; but, during the reign of active medication, it was used in them too largely, and often with so little discrimina-

tion, that disastrous results were produced. Not only is it now used much more cautiously in these maladies, but, in very many cases in which it would formerly have been deemed applicable, it is now given up, as calculated only to add to the sufferings of the patient, without effecting any good result, or to leave him in a bad condition after the cure of the particular disease for which it is used is accomplished, or even to prevent a cure which might have been effected if more gentle means had been employed. In Dr. James Hamilton's book on the "Use and Abuse of Mercurial Medicines," there are many interesting facts stated bearing upon these points.

Emphatically may it be said, in view of the sad results which have come from the needless use of mercury, that the great diminution of its use in the treatment of disease is "an advance in favor of humanity and scientific medicine." At the same time, it is to be borne in mind, that it is far from being a mere general diminution. It is a diminution which is based upon an extensive range of discriminations; so that, while in some cases where it was formerly used it is now wholly discarded, and in others it is used with much less freedom, there are some cases in which its introduction into the system is effected as rapidly as possible; and cases occasionally occur in which there is some reason to think that it is proper to use it in exceedingly large doses. This last point, however, is as yet *sub judice.*

Some of the most valuable acquisitions which the profession has made in therapeutics during the present century are the discriminating limitations that it has been able to put upon the use of this remedy, which is one of the most efficient of its active means of cure. The advance which has been effected in this respect step by step in the profession's experience is greater than is ordinarily supposed. Larger additions have in this way been made to our real means of cure than by any, or even perhaps all, of the new remedies that have been discovered during the same period of time.

All disturbing remedies are much less in vogue now than they were in the first quarter of this century. Physicians then very commonly used such remedies, especially in the beginning of attacks of disease, for the purpose of breaking up the attack, or of lessening its force. Emetics were common remedies for this object. The practice was applicable in some cases; but it was far too generally employed. So common was the plan of thus adding to the turmoil of disease at the outset, that it was a popular saying, that it was necessary to make one worse in order to make him better. And this disturbing and depressing mode of treatment was by no means confined to the beginning of dis-

ease; but it was customary to continue it to some degree during the progress of the case. Febrile symptoms, so long as they lasted, were combated actively; and active remedies were always addressed to the removal of any local derangements that might exist, little dependence being placed upon the recuperative efforts of nature. But now the general character of medical practice is vastly different in the points alluded to. In comparatively few cases, even of acute disease, is the patient made worse at the beginning, in order to make him better. Generally he is made better at once, by measures that relieve the disturbance of disease, instead of adding to it; and, during the progress of the case, great caution is exercised in the use of any remedies that may interfere with the rest and quiet so essential to the free operation of the recuperative powers, or that may so depress them that they cannot act with sufficient energy to effect a recovery. The truth that the irritation of disease is often the great source of the exhaustion attending it, and that the physician should therefore be careful not to add to it by his remedies, is now quite fully appreciated. Commonly, it is true, some disturbing treatment is required occasionally during the progress of a case; but it is managed with caution, and generally quieting remedies are used in combination, so as to render the disturbance as light as possible.

The change of which I have been speaking has done for medicine what the introduction of the art of healing by the first intention has done for surgery. The irritation of the disturbing modes of treatment so prevalent during the reign of active medication had the same effect upon internal maladies that the irritating ointments had upon the wounds into which they were inserted so universally by surgeons before the time of Ambrose Pare; and the improvement in both cases consists in a return to the simplicity of nature.

Perhaps there is no remedy in the use of which there has been so much change as bleeding. It was during the first quarter of this century, and even for some years farther on, a common remedy in all febrile and inflammatory diseases. I have already alluded to the views of Dr. Gallup in regard to this remedy. Although there were few in this country whose views were as extreme as his were, bleeding was everywhere a favorite remedy with the profession. In England, Armstrong and Southwood Smith were the prominent advocates of bleeding. The strong views of the latter—so earnestly, skilfully, and I may say beautifully, developed in his book on fever—were very captivating to all enthusiastic minds; and his book had for a time a wide influence, both in England and in this country.

Bleeding was popular with the people as well as with the profession. In almost all cases of accident, it was practised as a matter of course. In pregnancy, it was resorted to as the established remedy for various inconveniences and complaints, that we now find are easily removed by less formidable means, or that commonly had better be borne than be removed, if bleeding be the only thing that can remove them. It was the custom also with many to be bled occasionally, in order to guard against attacks of disease to which they supposed themselves liable. This was practised especially in the spring.

This very common resort to bleeding, both as a remedy and as a preventive, is now abandoned. This remedy has, with others, been subjected to discriminating limitations; perhaps, from the influence in part of popular prejudice, it has been in some quarters too much given up, especially local bleeding. Whenever inflammation exists in an important organ in any marked degree of severity, this remedy is applicable,—general bleeding when there is sufficient constitutional affection to call for it, and the system is in a condition to bear the loss of blood; and local bleeding when the circumstances of the case do not warrant general bleeding.

Bleeding, it is to be remembered, is a remedy that is calculated to allay the irritation of disease; and it never adds to it when it is really applicable, and is not made use of to an improper extent. It is therefore, in some cases, really not as objectionable as certain remedies that are substituted for it in order to avoid exhaustion. It is often better to reduce febrile excitement or inflammation by this quiet remedy than to do it with remedies that may exhaust the vital energies by a series of impressions which are depressing, and at the same time irritating. I am persuaded that there is often too little fear of this result from such impressions on the part of those who have great fear that bleeding would produce it. Remedies of the kind alluded to, when pushed too far, may cause an exhaustion as irremediable as that which is produced by an inappropriate bleeding.

EDITORIAL.

VEXED QUESTIONS IN MEDICAL ETHICS.

Under this caption we find in the January number of the *Charleston Medical Journal*, an article from the pen of Dr. S. H. Dickson, the highly esteemed Professor of Institutes and

Practice of Medicine in the Medical College of the State of South Carolina. The writer refers to the questions involved in the conduct of Dr. Uhl in the case of Mrs. Cunningham, of New York; the appointment of Dr. McClintock to the Hospital in Philadelphia; and the proposed appointment of homœopaths to places in public Hospitals, or as professors in Medical Schools. With the views expressed by Dr. Dickson in relation to the first two topics we can cordially agree. What he says in relation to the third topic is as follows:

A very different question, the nature of which has been by some hasty thinkers confounded with the above, is presented in the appointment to office of heterodox or schismatic practitioners or teachers among those of accredited or orthodox views. Thus, in at least two of our great cities, it is proposed by the commissioners in charge of public hospitals to admit among the attending physicians persons who designate themselves and are known as advocates of partisan principles, as champions of new and special modes of practice. Thus in one of our medical colleges it is proposed to induct a Professor expressly to teach its classes the doctrine of a new school. Under these circumstances, and in a storm of indignation, the present medical staff of these hospitals are called on loudly to resign their places promptly and peremptorily; and the present highly esteemed faculty of the medical school alluded to are required to vacate their chairs, rather than accept the enforced fellowship of so equivocal a colleague. For my own part, I regard the course thus advised as full of danger, and threatening seriously evil consequences. With a single condition, which is not refused, or even contemplated to be refused, the conjoint hospital service which has been denounced as derogatory, seems to be at once safe and honorable, and indeed promises to be full of advantage. Let there be no interchange of patients; let separate wards be set apart in which each practitioner shall follow his own course, and it is impossible to see what contamination or other injury shall accrue. Nay, as we all profess to be in search of truth; as we are all anxious to provide "the greatest good for the greatest number," we must not shrink from any fair experiment, any attempt at palpable exhibition or open demonstration. Truth has nothing to fear from the frankest exposure, the most precise comparisons. I have not the slightest uneasiness as to the ultimate result. Hypocrisy and quackery may not be unmasked at once, as by the sudden touch of Ithuriel's spear; the prejudice and obstinacy of dullness and ignorance may require

some time to overcome; but at last even the most partial jury will be convinced by accumulation of evidence, and the "sober second thought" of the common people, to which even science itself must not disdain to appeal, will be enlightened and guided aright.

Similar reasoning is applicable, and with greater force, in reference to the contemplated professorship. Laymen will accuse us of evading the offer of "a fair field and no favor," and of doubting our own ability to maintain what we proclaim as truth and reason. Let me be permitted to express the hope that the respected members of our profession who in New York, or Chicago, or Ann Arbor, or anywhere else, are thus, or in any similar manner, called upon and chosen "to defend the right," will show themselves as ready and willing as we know them to be able champions of our common and time-honored faith.

It is evident that Dr. Dickson here refers directly to the attempt made some months since to introduce into our new city hospital two complete, co-equal Medical Boards; one styled "Allopathic," and the other "Homœopathic." And his readers will certainly regard the doctrine he inculcates as the reverse of that which prompted me to refuse to accept an appointment under such a *title* and with such co-laborers. With the highest regard for the opinions of so distinguished a member of the profesession, I must be permitted either to differ from him on this subject, or to express the belief that he very imperfectly comprehends the questions, whether ethical or moral, which were presented by our Board of Health in their attempt to organize a medical and surgical corps for attendance on the new Chicago City Hospital.

Had our Board of Health simply proposed to set apart a ward in the Hospital, in which such patients as chose to be treated in accordance with some special *pathy* or *ism* could be admitted and gratified, very few would have objected to the arrangement. But when the Governors of an Hospital select from among the so-called exclusive or special systems of medicine, one like the Homœopathic, and appoint from among its followers a full Board of Physicians and Surgeons; and, *per contra*, assume to designate the great body of educated physicians by a title equally special and exclusive, viz: "Allo-

pathists," and appoint from them another complete Board; and not only allow each patient to choose which department he will enter, but divide equally all such as either have no choice or are too sick to express it, they present ethical questions of a very different import. To accept places at the hands of public authorities with the specific title of "Allopathic" entered upon the public records, and under which, official reports must be made from month to month, is to acknowledge publicly, in the act itself, that the ordinary scientific practice of the day is regulated by the single narrow principle of *contraria contrariis curantur*, and is therefore as much a *pathy* as its opposite.

We hold that no enlightened physician could, consistently with truth or propriety, accept any such position. To do so, would be to aid the enemies of the profession in perpetuating popular errors, and to place one's-self positively on a level with quacks.

Again, if the Homœopathic method of treating disease, when faithfully adhered to, has been fully proved to be inefficient and unsafe when applied to diseases of an acute and severe character, is it morally or ethically right to lend our sanction as physicians to any arrangement by which the poor, who might be too sick or too ignorant to choose for themselves, should be committed irretrievably to that system? Dr. Dickson tells us that "we must not shrink from any fair experiment, any attempt at palpable exhibition or open demonstration." But suppose the questions to be investigated have already been palpably exhibited and openly demonstrated in every quarter of the globe for half a century, how long shall we consent to continue the investigation, especially when human victims are to be *involuntarily* the subjects of the experiments? When a patient voluntarily chooses to risk his health or life with the advocates of some pathy or ism, the educated physician is in no degree responsible for the result. But if the public authorities of a city open a public hospital, which is to be the only refuge of the sick poor, on such a plan that all who come unable to choose for themselves one week shall be sent into one department, and all who come the next week into another, is any intelligent physician justifiable in so far sanctioning the

monstrosity as to accept a place in one of its departments? We think a proper sense of self-respect as well as every principle of sound morals will prompt an answer in the negative.

The comments of Prof. Dickson seem to be founded upon the idea that the profession ought not to oppose the appointment to public institutions those who advocate "*new* and *special* modes of practice." Without discussing the merits of the proposition itself, let us briefly inquire whether the Homœopathy of the present day is entitled to rank as either "*new*" or "*special*" in its nature? More than half a century has now elapsed since Hahnemann promulgated to the world the peculiar doctrines of Homœopathy. During that time all the physical or natural sciences auxiliary to scientific medicine have advanced beyond all previous parallel; and the application of auscultation and percussion, with other means of exploration to the diagnosis of disease, which, together with the aid of the microscope and organic chemistry in revealing the most intricate morbid changes in the fluids and solids of the human body, have almost completely metamorphosed the whole science and practice of medicine. The steam engine, the railroad locomotive, and the electric telegraph, have not made greater changes and improvements in the industrial, commercial and social world, than have been made, during the last fifty years, in the application and practice of medical science. And yet the phrases "old system of practice," "old school," etc., are daily heralded in the newspapers and sounded in the public ear by a set of men, who, under the title of a "*new school*," are blindly and dogmatically following the fanciful doctrines promulgated by a German enthusiast more than half a century ago. Homœopathy, then, is not "*new*," either in an absolute or comparative sense. Neither has the profession failed to afford it abundant opportunities for "fair experiment" and "open demonstration." On the contrary, while its progenitor was himself upon the stage of action, the claims of the pretended new system were subjected to fair and repeated trials, both in public hospitals and private practice. It often happens that the discovery of an important new fact in science, or the

promulgation of a new principle or truth in philosophy, by disturbing preconceived opinions and popular prejudices, arouses against the discoverer unreasonable prejudices and opposition, which, for a time, may prevent a fair and full appreciation of such facts or truths. But all history shows that such prejudices and opposition to *real* truths are always temporary, and restricted to the generation cotemporary with the discoverer. Thus, Harvey in announcing the circulation of the blood, and Jenner the practice of vaccination, called into activity the violent opposition of many of their cotemporaries, both in and out of the profession. And yet even while they were still upon the stage of action, their discoveries became incorporated as established practical truths in the profession, and the succeeding generation began to erect monuments to their memory. And thus it ever has been, and ever will be, in regard to every real scientific truth announced to the world. How has it been with the doctrines of Homœopathy? They were first promulgated about the same time that Jenner announced the efficacy of vaccination. The latter was long since accepted and freely acknowledged as one of the greatest benefits ever conferred on the human race; while the former, though promulgated through all the literature of Christendom, discussed and experimented with more or less in almost every medical society in Europe and America, and their advocates not only allowed free access to the public mind, but at times patronized alike by priests, nobles, princes, and even crowned heads, yet remain at this time, after the lapse of fifty years, or the lifetime of nearly three generations, wholly repudiated by the profession and their pretended advocates, with scarcely a foothold or a place in a single public hospital or incorporated school of medicine on either hemisphere of our globe. And not only so, but even three-fourths of those who claim to be Homœopaths at this time, openly renounce the idea of potentizing remedies by trituration and attenuation, or the efficacy of infinitesimal doses—the very idea that gave to the system all its original novelty and interest. What then is there left, that Professor Dickson would have experimented on or more openly demonstrated?

We see but one question left in connection with Homœopathy, and that is, how long a class of men calling themselves *doctors*, can succeed in deceiving the people, by calling calomel, *mercurius;* arsenic, *arsenicum*, etc., and concealing the most concentrated and poisonous articles of the Materia Medica under a cover of sugar of milk. But Prof. Dickson and all others must excuse us from even a remote connection with such men for such a purpose.

ITEMS FROM OUR CORRESPONDENTS.

AURORA, Feb. 2d, 1858.

PROF. N. S. DAVIS, M. D.,

DEAR SIR,—On January 16th, the regular practitioners of medicine of this city met at Dr. D. W. Young's office and organized a Medical Society, which is called "THE AURORA CITY MEDICAL SOCIETY."

The officers of the society are as follows:

President, ...	P. A. Allaire, M. D.
Vice-President, ...	O. D. Howell, M. D.
Secretary, ...	D. W. Young, M. D.
Treasurer, ...	A. Hard, M. D.

The society meets on the first Monday of each month, and has adopted the code of medical ethics of the Illinois State Medical Society for its government.

D. W. YOUNG, *Secretary.*

FULTON CITY, ILLINOIS.

MR. EDITOR:

DEAR SIR,—I notice in this July number of the *Journal*, an explanation of the signs and symptoms of pregnancy, by W. P. Montgomery, from the second London edition, etc. In his chapter he gives all or many of the supposed well known signs of pregnancy, all of which, except two, he says, are deceptive. He, therefore, gives two as proof positive of this condition, viz: the pulsation of the fœtal heart, and motion or movements of the child; but these are signs given by the child, and I would inquire, is there no positive proof furnished by

the mother? In answer, I would say there is a sign provided by the mother, as positive, and more so, than any presented by the child. I never look for either of the two positive proofs he speaks of, for I have a more sure way. Yes, a more positive sign, that is a papula, or pimples on the edges of the os tincæ or mouth of the womb, and when this condition is present, I never hesitate to declare, on oath or otherwise, that the woman is pregnant; and yet in no case have I been deceived, and I am sure I never shall be, if the os tincæ is in other respects healthy. There is a lady near me, who asked my opinion about nine months ago; the condition of os tincæ being as above described, I declared her to be in the family way, and in February last she furnished the proof; and I might furnish other cases, but I presume most of the profession are well acquainted with this my test; if I supposed they were not I would be more minute in describing it. If I were to decide in a case of life or death, I should rely more upon this sign furnished by the mother, than any furnished by the child.

Respectfully,

JOHN EDDY, M. D.

[Will Dr. Eddy have the kindness to forward a full description of this papular eruption on the os tincæ, whether discernible by the touch, or only to be seen through the speculum? We ask this, because it is undoubtedly new, and if he is not mistaken in its infallibility, promises to be exceedingly valuable.—Ed.]

EMPYEMA TREATED BY INJECTIONS.

BY DAVID PRINCE, M. D., OF JACKSONVILLE, ILL.

The perusal of Dr. Brainard's case of cure of empyema of the pleural cavity by injections of iodine (*N. W. M and S. J.* for November), has induced me to record a case of my own in your valuable Journal.

Little Henry Lurton, aged four years, the third child of healthy parents, and of healthy constitution himself, had an attack of pleuritis of the right side, and was left entirely to the aids of the *vis medicatrix naturæ*, under the guise of infinitesimal doses for about six weeks, when, on the 28th of January, 1856, I was called upon for surgical interference.

At this time, the enlargement of the right side was very obvious to the eye, and the sound was dull on percussion.

Frequent and quick pulse and daily fever and nightly sweats were present, while the little patient could breathe only in the sitting posture, and his sleep was in the rocking chair.

A considerable quantity of pus was discharged through the canula left in the orifice made by the trochar, giving immediate and inexpressible relief.

Feb. 9th.—The puncture had not been kept open, and the demand for a second puncture became urgent. The amount discharged was somewhat smaller than before. The opening was from this time prevented from closing by the daily introduction of a tent, upon the withdrawing of which, a considerable quantity of ill-conditioned pus would be discharged.

As nature seemed not to be making good progress with the case, it was resolved to see if the behavior of iodine would be as good here as in other cavities. On the 25th of March, two drachms (℥ij) of strong tincture of iodine were thrown in by a small glass syringe. This was done after the tent had been withdrawn, and the pus collected during the preceding twenty-four hours had pretty well escaped; the tent was again introduced as usual, to be daily withdrawn as before.

The injection was repeated at intervals of about a week, for five times, when the discharge had pretty much ceased. The respiratory murmur could be heard throughout the whole extent of the lung; all sign of disease had disappeared, and by the middle of May the boy was at play with his top.

AMERICAN MEDICAL ASSOCIATION.

The eleventh annual meeting of the American Medical Association will be held in the city of Washington, on Tuesday, May 4, 1858.

The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed; and it is earnestly desired* by

the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. II. of the Constitution:

"Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted Medical College or chartered School of Medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the U. S. Army and Navy shall be appointed by the Chiefs of the Army and Navy medical bureaux. The number of delegates so appointed shall be four from the Army medical officers, and an equal number from the Navy medical officers."

ALEX. J. SEMMES, M. D.,
(One of the Secretaries),
Washington, D. C.

☞ The Medical press of the United States is respectfully requested to copy the foregoing.

PRIVATE INSTRUCTION.

DR. EDWIN POWELL

WOULD ANNOUNCE THAT HE WILL RECEIVE A LIMITED NUMber of Young Men for a Course of Medical Instruction during the present year, commencing about the 1st of March.

THE COURSE WILL CONSIST—

First—Dissections and Demonstrations in the Dissecting Room of the College during the months of March and April.

Second—Clinical Instruction in the Surgical Wards of the Mercy Hospital.

Third—Daily Examinations on the branches taught in the Medical Schools, illustrated by *Dissections*, *Pathological Specimens* and *Microscopic Demonstrations*.

Fourth—Microscopic Anatomy.

The Class will have an opportunity to witness the operations of Prof. Brainard.

FEE—$50 PER YEAR.

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The charge for Students taking a regular course in Analytical Chemistry is $15 a month, if occupying the half of each day in the Laboratory, and $25 a month, if so occupying the whole day.

With Students taking a special or irregular course, a special arrangement will be made.

The charge for Analyzing will be regulated by the following rules:

When the *quantity* of one substance is to be determined, the charge will be $5.

When the *quantity* of more than one substance is to be determined, the charge will be $5 for the first determination, and $3 for each subsequent one.

When the *presence* or *absence* only of one or more substances is to be determined, the charge will be one-third of the above rates, being $1.67 for the first determination, and $1 for each subsequent one.

From the above rules examinations for *poisons* are excluded, and will require a special understanding depending upon the nature of the case, etc.

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

Extractum	Aconiti	Fluidum,	One fluid drachm is equal to	½	a drachm	of the crude material				
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci.	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

Sargent & Ilsley's Solution of Chloride of Zinc,

For Purifying Sick Chambers, Sinks, Chamber Vessels, Vaults, Cellars, and for preserving Corpses, Preventing Moths, Exterminating Bugs, &c.

To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are offensive or injurious to health, has long occupied the attention of scientific men It has been found that Chloride of Zinc possesses this power in a high degree. and is also safe, economical and convenient.

It has received the sanction of the highest medical authority. and been very extensively introduced into the hospitals and public institutions of Europe and this country.

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Its application is perfectly safe, both to persons and property: it is also free from the noxious and disagreeable odor of the chloride of lime, and the directions pertaining to the various disinfectants in common use. Full directions accompany each bottle.

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Cerasein,	Cerasus Virginiana,	1 50
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Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
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Podophyllin,	Podophyllum Peltatum,	0 75
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Stillingin,	Stillingia Sylvatica,	1 25
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" " Strychnos Nux Vomica.	1 00
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THE CHICAGO

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

USES OF THE OPHTHALMOSCOPE.

BY E. L. HOLMES, M. D.

(READ BEFORE THE COOK CO. MEDICAL SOCIETY.)

MR. PRESIDENT AND GENTLEMEN,—In performing the duty you have assigned me this evening, allow me to ask your attention to a brief examination of the *Uses of the Ophthalmoscope.*

I need not dwell upon the importance and beauty of such an organ as the eye. To any inquiring mind the anatomy and physiology of this organ, and the investigation of the laws by which we explain the wonderful phenomena of light, offer one of the most interesting fields of labor in the domain of science.

There is scarcely an organ in the body which has more claim upon the interested attention of the pathologist than the eye, for not only can he observe the *effects* of disease, as witnessed after death, but he can trace with his own eye during the life of the sufferer the *processes* of disease, which in other organs are ever hidden from the view.

Every improvement in the means of diagnosis, by which we are better enabled to understand the manifold diseases which

so often shroud the unfortunate in deepest darkness, must be welcomed by the pathologist, and much more by the practical physician, whose aim it is to prevent and cure such diseases.

The ophthalmoscope is comparatively of recent origin, and, as is the case with all new inventions, its merits have been thoroughly discussed by the most comprehensive minds of our profession.

It is certainly natural that any one, who has noticed how prone many have been to suggest new modes of treatment, to write books, to invent apparatus and improve upon instruments even of the simplest kind, who has visited some large museum of surgical and medical antiquities, and looked upon the infinite variety of appliances with the modifications they have received from physicians of every generation, should be disposed to question the utility of *any* invention, especially when he reflects how few of those of the past have stood the test of practical application.

But any one who has carefully examined the works of Graefe, Jaeger, Arlt and others, and who has had an opportunity to apply the ophthalmoscope himself, must be convinced of its great utility. A work upon the diseases of the eye, without a history and description of this instrument, as an aid to diagnosis, would be as incomplete as a work upon the diseases of the lungs without allusion to auscultation or percussion.

Before describing the ophthalmoscope, it would be perhaps well to consider for a moment why, in examining the posterior portions of the eye, the assistance of some such instrument becomes a necessity. We all well know it is impossible to trace the outline of any object in a room completely darkened, by placing the eye at a small aperture in the shutter, for the reason that all non-luminous bodies, to be seen, must receive light, in order that their images may be pictured upon the retina, by means of this light reflected from their surfaces. All that is necessary in examining an object in such a room is, by means of a simple reflector, to throw light either of the sun or from a strong burner upon the object and illuminate it, then, by placing the eye behind the reflector at a small opening through it, the examiner is able to see distinctly the object

before him. Were the eye a simple hollow sphere, nothing could be done with less difficulty, than to examine the retina by means of light thrown through the pupil, as, by means of light, thrown through the shutter into the room just supposed. But such is not the case: the eye is filled with refracting media; the crystalline lens is a powerful magnifier, and an attempt to look through it by means of a simple reflector, would be very much like looking through a microscope without regard to its focal distances. Hence, it becomes absolutely necessary in examining the retina, to have an instrument, furnished with lenses, so arranged, that their focal distance may be adapted to the focal distance of the crystalline lens.

The principles upon which all ophthalmoscopes are constructed are similar, and as the instrument, originally proposed by Helmholz, has received a great number of modifications from Graefe, Jaeger, Reute, and, in fact, from nearly every oculist of celebrity, I will confine myself to the description of two varieties, one, by which we obtain an upright, and the other, by which we obtain an inverted image of the portion of the eye examined.

The former instrument consists of a plain or concave reflector, a couple of inches in diameter, surmounted upon a short straight handle. In the centre of this reflector is a small round aperture for the eye of the observer, immediately behind which opening is a small double concave lens. In examining an eye, it is necessary to sit directly in front of the patient in a darkened room, with a lamp giving a clear, steady flame, placed near the ear of the patient, so that the flame of the lamp, the eye of the patient, and the eye of the observer, shall fall in the same horizontal plane. By turning the reflector to a proper angle with the rays from the lamp, the light is thrown through the pupil, and by moving the instrument to and from the eye under examination, the requisite focal distance is found, when everything behind the crystalline lens may be seen magnified about twenty-four times.

The other instrument consists of a concave *reflector*, as in the former variety, without the concave *lens* behind the aperture in the centre; but in its stead, a strong double convex

glass is held very near the eye of the patient, in such a manner that the light from the lamp is reflected through this lens before entering the eye. This lens must of course be moved backwards and forwards till a distinct image of the portion of the eye examined is obtained. Examined in this way, the different portions of the retina are magnified four or five times. But the image of the retina is *inverted;* that is to say, the vessels of the upper portion of the retina appear as if in the lower portion, and *vice versa.*

An eye when illuminated by either of these methods without any reference to focal distances presents a clear, light yellowish disk, equal in size to the pupil. When, however, the lens is properly adjusted, a well-defined and beautiful picture of the retina, with its vessels and the entrance of the optic nerve, is obtained. The ground color of this picture is a beautiful yellowish red. The optic papilla, however, situated, as is well known, not directly opposite the pupil, but towards the nasal side of the eye, is seen as a well-defined disk of a fine light orange tint. The central artery and vein send their branches principally to the upper and lower portions of the retina, leaving the lateral portions almost destitute of vessels. It should be remembered, that in the human eye unmagnified, the entrance of the optic nerve is not more than a line or a line and a half in diameter; the veins and arteries are exceedingly minute, the former being somewhat larger and darker than the other.

A perfect representation of the posterior portion of the concave surface of the eye is most faithfully delineated in the fine work of Jaeger, *Beitraege zur Pathologie des Auges.*

The cause of the peculiar red color of the eye, as viewed by the ophthalmoscope, has been the matter of some discussion among the best authorities. The probability is that it depends almost entirely upon the pigment layer of the choroid, and not upon the quality of the light employed, nor upon the blood circulating in the substance of the retina.*

* The color of the posterior concavity of the eye in the *white races,* according to all authorities, is as above described.

My friend Dr. J B Lyman, of this city, has examined the eyes of two

To obtain a distinct view of the retina requires, on the part of most beginners, considerable practice; for not only does the cornea, being a good reflector, give a brilliant image of the lamp, which much disturbs the vision of the inexperienced, but the crystalline lens of the patient, in consequence of the delicate organization by which it accomodates itself to near or distant objects, is, with some persons, even when directed to fix their eyes upon a particular object, constantly throwing the portions of the eye behind it out of focus. The examiner is, therefore, obliged to move his ophthalmoscope either to or from the eye, as the case may require, to keep it in focus, a thing by no means so easily accomplished as one might at first imagine.

Before entering upon the details of the practical application of the ophthalmoscope in the diagnosis of disease, a few words need to be said regarding the cornea in certain abnormal conditions, and regarding the mode by which we locate the different diseases which come under our observation. It is true in diseases of this portion of the eye, the assistance of the ophthalmoscope is seldom required, for the simple reason that they are external and easily observed, still in one or two forms of disease the unaided eye is often scarcely able to determine their extent, which at once become very evident with the help of the ophthalmoscope. But this is not the principal point to which I wish to draw your attention.

One can readily perceive that any cicatrix or macula upon the cornea in front of the pupil, or upon either of the two convex surfaces of the crystalline lens, when any attempt is made to examine the deeper portions of the eye with the ophthalmoscope, must necessarily cast a shadow *upon* these portions, and it is sometimes difficult to decide which membrane is diseased unless we take advantage of a principle well known to astronomers in calculating the parallax of the planets.

Suppose for an instant, an obscuration upon the cornea, another upon the anterior, and a third upon the posterior surface of the crystalline lens, each one being situated directly in the antero-posterior axis of the eye. It is evident if the

healthy negroes, and states that he found the color to be nearly black, thus showing the same development of pigment in the choroid coat as in the cutis.

eye of the observer be placed directly in a line with these points, they will appear as one obscuration; just as three lamps placed in a line with the axis of the eye appears like a single flame.

If, however, the observer moves his eye sideways, in either direction, so as to view the eye obliquely, the relative situation of these supposed obscurations will be changed, and one can decide with perfect confidence where the disease is situated. In viewing the spot upon the cornea from one side, it will cast its shadow upon the edge of the iris, situated upon the side opposite to the direction in which the observer moved. The spot upon the anterior surface of the lens, inasmuch as it practically lies not *behind* the iris, but in the very centre of the pupil, will always *appear* in the center of the pupil, let the observer view it from any direction he may choose. But the spot upon the posterior surface of the lens, as well as any object lying behind it, will appear to fall on moving the eye in either lateral direction, in a line with that portion of the iris lying on the same side to which the observer moves his eye.

The diseases of the refracting media of the eye, lying behind the iris, offer a most interesting though somewhat limited field for the application of the ophthalmoscope. From the fact that light thrown directly into the eye will usually contract the pupil, it is well, though by no means always necessary, to apply a few drops of the solution of atropine upon the conjunctiva, a few moments before the examination is commenced, simply to counteract the influence of the light.

The diseases of the lens are almost all included in the different species of cataract. We all well know that the subjective symptoms are peculiar, and that the practitioner is enabled with the unaided eye to diagnose the disease in its advanced stage, yet very frequently long before the patient suspects any change, or the physician can detect any obscuration with the usual means of diagnosis, the ophthalmoscope reveals the slowly forming cloud which is to shut out the precious light of heaven from the unfortunate sufferer. This is certainly a source of satisfaction to the practitioner; moreover, we should remember it not unfrequently happens, that synchronous with the origin

of the *lenticular* disease, another abnormal process is going on in the *retina* or *choroid*. The ophthalmoscope discloses the true condition of the different portions of the eye, shows the physician that the increasing loss of vision is not wholly due to the cataract, and also assists him in giving an enlightened and rational opinion regarding the probable result of a future operation. The appearance of the cataract, as seen by the ophthalmoscope, is often exceedingly beautiful. A description of the different varieties would be useless, since a glance at the plates Nos. II. and III. of Jaeger's larger work (*Beitraege*), and No. III. of the smaller one (*Staar und Staar Operationen*), will give a far better idea than any description.

The vitreous humor is liable to several abnormal conditions, which it is not only interesting but instructive to examine with the accuracy with which we view an object in the field of a microscope. The infiltration of blood in its various forms, the deposition of pigment cells, which are found not only fixed in different portions of the humor, but floating within it at every motion of the eye, the rare and singular appearance of cholesterine crystals, which are occasionally developed in the vitreous humors,—are all most beautifully opened to our vision by means of the instrument before us. Graefe, of Berlin, and others, report several cases of cysticercus in the vitreous humor of the human eye. Without the assistance of the ophthalmoscope, it would be quite impossible to give a diagnosis, from the simple subjective symptoms of the patient. With its aid we are able to trace the extent, form, color and mobility of all the objects just mentioned, and also to witness the motions of the singular entozoon, which sometimes so strangely finds its abode within the eye.

We now come to a numerous class of diseases, which claim the most careful attention of the practical oculist—the diseases of the retina and choroid, among the most grave to which the eye is subject.

Before examining the abnormal appearances produced by these diseases, allow me to direct your attention for a moment to the anatomy of the retina and choroid coat.

The retina, consisting of several lamina, is a transparent

membrane, varying in apparent color, according to the amount of blood it contains, or of the coloring matter deposited under it, is the first portion of the eye we observe behind the vitreous humor. Next in order is the pigmentum of the choroid, which consists of a layer of hexagonal cells, containing, according to the peculiarities of individuals, a greater or less amount of pigment. The other two lamina of the choroid are composed of a stroma, in which pass very freely the numerous veins and arteries, the most important, perhaps, of the eye; to the former of which, from their peculiar conformation, is given the term, "venæ vorticosæ." The stroma of this layer is also provided with pigment cells, though in much less quantity than in the true pigment *layer*.

These facts being borne in mind, we shall be better able to understand the diseases we are about to examine.

Probably, the most frequent affection of the retina which we are able to detect by means of the ophthalmoscope, and which is found more or less among all classes of people, who employ their eyes to any extent upon small and near objects, is a slight congestion—"hyperamæa retinæ," as termed by Jaeger. This state of the retina is characterized particularly by a slight diminution of distinctness in the line of demarkation, between the circumference of the optic papilla and the surrounding portions of the retina, which, in perfect health, is like the papilla of plate I. of Jaeger's larger work. By comparing this plate with plates V. and IX., the changes to which I refer will be readily seen. If the congestion passes into the state of inflammation, we shall find the optic nerve almost wholly, if not entirely, obscured, and from it will be seen radiating innumerable, delicate, ill-defined lines, and many times a thin film will appear to rest upon the surface of the diseased retina. While these changes are going on, others, if possible, of a graver nature, often manifest themselves. Lymph is deposited either *upon* or under the retina, destroying its delicate texture, covering in many places the vessels; in fact, rendering them almost invisible. Under such circumstances, vision is many times wholly destroyed. These changes are beautifully illustrated in the last three plates of Jaeger. I would particu-

larly call your attention to plate No. XIII., representing a large deposit of lymph.

The disease known as dropsy of the choroid or hydrops subretina, in which the retina becomes separated from the choroid and floats upon the fluid beneath, although, in some cases, easily recognized by the unassisted eye, is nevertheless far better seen by the ophthalmoscope. The extent of the lesion of course varies. Occasionally, it embraces the whole lower hemisphere of the eye. Every motion of the eye throws this floating membrane into waves, which pass from one side of the globe to the other. Usually, the blood-vessels of this portion of the retina become atrophied, and finally appear as dark lines, as shown in plate IV., fig. XXIV., of Jaeger's smaller work.

From what we have already seen, there is no need of argument to demonstrate the utility of the ophthalmoscope in some of the rarer forms of disease; as, for instance, apoplexy of the retina, aneurism of the central artery and its branches, ossification or laceration of the retina.

Before leaving the retina, I wish to say a few words regarding a beautiful and singular *phenomenon*—the pulsation of the central artery and vein. This is an interesting and important subject, on account of its connection with the disease commonly known as glaucoma. It is not my purpose to enter upon any discussion regarding the nature of this disease, but simply to state that, according to those ophthalmologists, to whose accuracy of observation, acquired in a rich field of practical experience, we can most trust, the ophthalmoscope has revealed two new diagnostic signs—the pulsation of the vessels to which I have just alluded, and a peculiar prominence or projection forward of the optic papula, caused probably by a deposition of a yellowish blue and sometimes red exudation upon the central portion of the papilla, leaving but a narrow circle of the natural structure around it. The first mentioned symptom is of considerable importance, and seems to depend upon an unnatural fulness of the eye, causing an abnormal *pressure* upon the vessels, for, it is found, one can readily produce the same phenomenon of pulsation in the central artery and vein

of animals by pressing somewhat forcibly with one or more fingers upon the eye. In an eye affected with glaucoma in an advanced stage, this pulsation is spontaneous and constant; while, in the commencing stages, a *slight* pressure only is required from the finger to cause the artery and vein to pulsate. In health, the pressure of the contents of the eye outward is of course normal, and no pulsation is visible; but, in glaucoma, this pressure seems to be too great, from an *increase* in the quantity of fluids. Why pressure either from without, or from an increase of fluids within, should cause this pulsation, is still a subject of doubt. I am sorry I have no plate by which I can illustrate to you the peculiar appearance caused by deposition of lymph upon the optic papilla.

The choroid coat of the eye is the seat of numerous important affections. Graefe reports that out of a thousand cases of amblyopia or incipient amaurosis, 425 showed evident signs of disease in this membrane. Thus far we have examined those portions of the eye which are more or less transparent, and if the pigment coat of the choroid always remained in a normal condition, it would limit our researches with the ophthalmoscope. But the pigment layer itself is subject to disease. For some reason not altogether easy to explain, this lamina becomes absorbed, leaving the portions beneath perfectly visible. If we cannot explain this process satisfactorily, it may perhaps not appear quite so strange that the eye should be affected in this way, when we recollect how frequently, under certain circumstances, pigment cells are no longer deposited at the follicles of the hair, which therefore soon becomes grey. As regards the choroid, there seems often to be a *double* abnormal process in the *same* eye. For while we find in some portions of an eye the pigment absorbed faster than it is deposited, leaving, as I have just stated, the layers under it visible, in other portions the pigment is deposited faster than it is absorbed; here, of course, the pigment is found in larger quantities than normal, sometimes seeming to involve the *retina* and its vessels. It should be remarked, however, that these dark deposits are believed by some, and doubtless many times with reason, to be the coloring matter of extravasated blood.

The aspect of the posterior portion of the eye, after the pigmentum has been absorbed, is very peculiar. The vessels of the choroid are seen passing in graceful loops, anastomosing freely with each other, *beneath* the vein and artery of the retina, like very narrow bands, which, unlike the vessels of the retina, retain nearly the same width throughout their entire extent. The color of these vessels depends upon the amount of coloring matter yet remaining over them. Where the true pigment layer is wholly absorbed, their color is of a decided yellow cast; those which lie deeper in the stroma of the choroid, and are consequently covered with a certain amount of pigment, have a darker color. A fine example of these appearances is given in Jaeger's work, *plate VI.* Plate IX. of the same work gives a good idea of similar abnormal conditions, somewhat circumscribed in extent.

There remains but a single point to which I ask your consideration, the use of the ophthalmoscope in the diagnosis of staphyloma posticum. You are well aware that the cornea is liable to a diseased action, in consequence of which, it is rendered insufficient to resist the normal pressure of the contents of the eye, and ordinary staphyloma is the result. A similar process sometimes has its seat in the posterior portion of the membranous tunics of the eye, and they project posteriorly, as does the cornea anteriorly. This state of things is accompanied with a great degree of myopia, and according to Jaeger, where near-sightedness is *extreme*, approaching perhaps to amaurosis, staphyloma posticum to a greater or less degree is in numerous instances an accompanying evil. The probability, however, is, that the staphyloma increases the distance between the retina and crystalline lens. In order that the rays from an object in front of the eye may be brought to a focus on the retina, in the disease we are considering, they must be rendered less converging, which, of course, is only accomplished, when a lens is not employed, by bringing the object nearer the eye.

The peculiar appearance, considered by many as pathognomonic of the disease in its early state of development, is a change which occurs around the external portion of the optic

papula. I have no colored plate by which I can exhibit the eye as it appears in this disease. The color of the affected portion is similar to that of the papula itself; its form resembles that of a crescent, the concavity being placed in juxtaposition with the outer semi-circumference of the papula; sometimes the convexity of the crescent-shaped figure is elongated into a kind of ellipse.

Several theories have been devised to explain the origin, form and color of this pathological growth, but none of them seem without objection. The subject is a new one, and the relation between staphyloma posticum and the appearance just described, is still open to the investigation of the pathologist and practical physician.

Gentlemen, I have finished what I have to say upon the practical use of the ophthalmoscope. I am well aware how meagre and superficial my remarks have been. To discuss all the principles upon which the instrument is constructed, all the questions which naturally arise regarding the anatomy, physiology and pathology of the human eye, could by no means be accomplished within the limits of a single paper. I have, therefore, confined myself to a simple, practical statement of what the ophthalmoscope is capable. The field is a comparatively new one for the scientific observer, and there remains for him many obscure problems to solve.

An objection has been raised against the use of the ophthalmoscope, founded, however upon insufficient grounds. It is stated that light reflected so directly into an eye, especially if diseased, must exert a deleterious influence. Doubtless, in cases of severe inflammation, especially with marked photophobia, it would be imprudent to attempt to examine the eye with artificial light, and no wise practitioner would think of doing it, for the simple reason, that in such cases the ophthalmoscope could render little aid in giving a diagnosis. In all cases, in which the patient can without inconvenience bear the light of a common lamp held but a couple of feet from his eyes, no evil can follow. From what I have seen, in a large number of patients under the care of others, and in my own experience, I am convinced that it very rarely happens that a

patient experiences either pain or inconvenience when the above precaution is observed.

The ophthalmoscope is still imperfect. We need an instrument with a magnifying power sufficiently great to enable us to detect and examine with greater accuracy the pathological changes which we have briefly considered; for, it is found by experience, that the *subjective* symptoms do not always correspond to the objective symptoms as revealed by the ophthalmoscope. As, for instance, we may observe an apparently grave degree of congestion of the retina, or a partial absorption of the pigmentum, or a deposition of lymph, and yet the patient may suffer much less from troubled vision than another with comparatively few visible signs of disease.

Here is wide scope for the talent and acumen of the true observer. To detect symptoms is certainly one of the most important parts of the physician's duty; but it is a no less important duty to interpret correctly the symptoms as they appear, and in many cases of diseases of the eye, especially in those in which the ophthalmoscope is of any assistance to the physician, this is one of the most difficult tasks we have to perform.

As we look back, however, upon the past six or seven years, and consider the number of facts, interesting and important, which have been discovered, and the doubtful points that have been explained away, particularly by the German ophthalmologists, we can confidently look forward to still greater results in the future.

I can now only add—I thank you for your attention, and as regards this brief sketch of the subject, I trust it has not been altogether void of interest to you, and that, if it has contributed no novel truths, it has at least shown that the subject is worthy of the careful investigation of the practical and scientific observer.

ARTICLE II.

DOES AIR ENTER THE UTERINE VEINS DURING LABOR, OR SHORTLY AFTER, AND CAUSE DEATH?

BY J. P. DE BRULER, M.D., ROCKPORT, IND.

As this is to some extent an open question, and at the same time a grave one, I submit the following cases which came under my observation, thinking they may have some bearing upon the subject. I regret that I am able to furnish nothing more than approximative testimony, no post mortem examination having been made in any of the cases.

Case 1.—I was called to see Mrs. B., aged 36, of stout, muscular frame, who had usually enjoyed excellent health, on the night of April 21st, 1852, in labor with her first child. She had been complaining some three days, and during this time had been bled and moderately purged. I found her with regular pains, though rather feeble, and the os uteri dilated to the size of a dollar, and the membranes ruptured. My patient being cheerful, and feeling comparatively well, I left her for the night in care of her midwife. Called again in the morning about nine o'clock, found some progress, os more dilated, but not yet sufficiently so to admit of the passage of the child's head. At eleven o'clock, the pains were forcible, the vertex pressed upon the os uteri, which was yet thick, firm and unyielding. I now resolved to bleed to the point of obtaining the necessary relaxation, but, upon examining the state of the circulation, I found blood-letting totally inadmissable; indeed, I could not count her pulse, so rapid was the circulation. This very much astonished me, as up to that time I had not noticed any flagging. I now observed, for the first time, that she breathed rapidly, and had a wild, anxious countenance. My attention was of course anxiously directed to the progress of her labor, hoping that delivery might avert what seemed to me an impending fate. The very next pain astonished me, by bringing away a *gush of air from the uterus.* The report was loud, and I could distinctly feel the impulse. The egress of air recurred at almost every pain until the child was born, which occurred in about an hour. The report, I said, was loud—it

was truly so, and annoyed her and her friends exceedingly, they supposing it came from the rectum. I did not undeceive them, for fear of creating alarm. The child presented every appearance of having been dead several days. Large patches of cuticle were filled with foul and very offensive gases, the body being much distended.

I saw with pain that her respiration became more and more embarrassed, and her countenance wild and anxious. She was placed in bed, and a cordial and opiate administered. I then ran out myself to call in my friend, Dr. Crooks, who I knew to be near by. We returned immediately, but she did not live more than five minutes. There was no hemorrhage, and to be certain that there was none concealed, I passed my hand into the uterus, which was found firmly contracted, and contained a small clot of blood, probably two or three ounces.

Case 2.—In 1842, I was called to see Mrs. R., in a premature labor. She supposed herself in the sixth month of her pregnancy. I found her with active bearing-down pains, the os well dilated, and the membranes tense. While engaged in ascertaining the presentation, a pain came on which ruptured the membranes, a considerable quantity of water was discharged, and the head came down to the inferior strait. Just then she cried out, "Raise me up, or I will faint." Some person near her head elevated it a little, when she became slightly convulsed, and died in less than one minute. Thinking that it was only syncope, I placed my finger upon the pulse, and found the artery pulsating with considerable firmness, which it continued to do for some moments after she ceased to breathe.

Case 3.—Communicated by my partner, Dr. Crooks.—About ten o'clock P.M., of the 21st ultimo, called to see Mrs. P., aged 27; found her in labor with her first child; progressing naturally enough, with only the slight tardiness common to persons of her age. A healthy child was the result at one o'clock next morning. There seemed nothing uncommon during the labor, only a rather unusual intolerance to pain. Immediately after delivery, syncope, difficult respiration, flagging of the circulation, and most intolerable after-pains, supervened. Notwith-

standing the after-pains, I suspected hemorrhage, but, upon examination, found none of consequence. The uterus was firmly contracted. Gave opiates, and stayed with her two hours; left, thinking her better, but not without apprehension that something was wrong. About two o'clock, a renewal of the unpleasant symptoms occurred. Being absent from my office and engaged, I did not see her until nine o'clock P. M., when I found her much in the same condition above described; except, instead of after-pains, she had *universal* pain—thighs, bowels, region of the heart, and particularly severe in the shoulders, and with more frequent and alarming syncope. The pains were transitory—passing from place to place instantaneously. I again examined the condition of the womb, and found it firmly contracted, with no loss of blood since I left in the morning. She continued to grow worse, and died at ten o'clock. I will add, that when the placenta was expelled, I distinctly noticed a gush of air from the vagina, or at least that was the impression made upon my mind at the time, but it occurring but once, I cannot speak as positively to the fact as I could desire.

The above cases are not introduced for the purpose of proving that air ever enters the veins in labor, for it is manifest that nothing short of a post mortem proof could be positively relied on, but they are reported more for the purpose of attracting the attention of the profession to the subject. I now think if ever I am unfortunate enough to meet with another such case, I will try with all the influence I can bring to bear upon the subject to procure a post mortem examination. The cases all occurred in families who could not be induced to submit their friends to such an examination—a feeling that is too general in this country for the benefit of our profession, and one that every physician should exert himself to remove.

All of the cases may not have died from the cause above indicated. Indeed, none of them may; yet it occurs to me, that the symptoms and result, to some extent, favor the hypothesis. Especially does this seem to be true with case No. 1. She was a stout, robust woman, apparently enjoying excellent health up to her confinement, was able, during all her labor up

to the last hour, to walk about her room, which she persisted in doing, saying that it rested her. The failure of her strength was sudden, and to me unexpected. Her death could not be accounted for upon (to me) any other known principle. It could not have been from hemorrhage, for there was almost none, neither external nor concealed. And then we have the fact, that air or gases were in the uterus for some hours before delivery. About this I cannot be mistaken, for I both felt and heard it, at almost every pain, for an hour or more. Is it not reasonable that air could be forced into patulent uterine veins during active contraction of the organ?

Upon case No. 2 I have no comments to make, only, that its suddenness made a strong impression upon me at the time. She had not, so far as I could ascertain, previously suffered from any organic disease of the heart, nor was she known to suffer from any disease at all. There had been some hemorrhage, but certainly not enough to cut any material figure in the case. Indeed, up to my arrival, no person supposed her in any danger whatever, and yet I do not think I had been to her bed two minutes before she died.

Case No. 3 enjoyed her usual good health up to her confinement; only that she had suffered from chill and fever a few weeks previously, which, however, did not reduce her much. Her death appears wholly unaccountable upon any other hypothesis than the one under consideration.

ARTICLE III.

POLYPIFORM CONCRETIONS IN THE CAVITIES OF THE HEART, WITH A CASE.

BY P. A. ALLAIRE, M. D., AURORA, ILLINOIS.

The concretions found in the heart, commonly classed as polypi of that organ, have been usually divided into three kinds, viz: 1, Concretions of fibrine; 2, Concretions of lymph; and, 3, Concretions composed of lymph and fibrine. If a fourth variety is made, it must be by including that coagulum of blood which is formed either post-mortem or during the last moments

of life, and which is occasionally found coated with fibrine; but such are truly coagula, they illustrate the mode of death, and are not evidence of pre-existing disease.

1. *Concretions of fibrine, or unorganized,* are doubtless the most frequent, as they occur in those cases in which an impediment has existed to the circulation, as in various valvular and other non-inflammatory heart diseases, asthma, anæmia, and cases of sudden exhaustion as by hemorrhage. This concretion is of a straw color, semi-elastic, and is adherent, but not intimately to the columnæ carnæ and tendinous cords of the valves. *The fibrine in these concretions is mechanically separated from the blood,* a coagulum having been first formed in the heart. The size of these polypi is usually sufficient to greatly embarrass the circulation, yet life may continue a long time after such an occurrence; or if the concretion is not large, it may be, and doubtless often is, removed from the heart, though often the obstruction is sufficient to cause speedy death. I have known one case of this disease caused by post-partum hemorrhage, where, after two years' suffering, the recovery was complete. The symptoms were—a bellows murmur, feeble pulse, shortness of breath, and palpitation on exertion.

2. *Concretions of lymph or organized.* These are quite different in origin from the fibrinous kind, being a result of inflammation of the endocardium, a true deposit of coagulable lymph. They readily become organized, and are more intimately adherent to the columnæ carnæ, etc., than the first mentioned variety. Their size is usually not so great, hence they are not apt to be so speedily fatal. This form of concretion is supposed to be the origin of the warty and globular vegetations described by Laennec, and hence the cause of many of the chronic valvular and other obstructive diseases of the heart, which result in hypertrophy and dilatation of that organ. These polypi are of a lighter color than the first, more dense in structure, and organized, but unless seen early after their formation, no red vessels can be detected. The case about to be described was of this variety, and is remarkable for the large size of the concretions and the duration of the disease.

3. *Concretions of lymph and fibrine, or partially organized.*

The two former varieties are combined in this, the nucleus being lymph. The cause is the same as in the second variety; in reality, it is the second variety suddenly increased in severity, from the size of the polypus being augmented by some new embarrassment to the circulation, causing a deposit of fibrine on the pre-existing concretion, thus increasing the size often to that of the first kind.

None of the forms of polypi of the heart give rise to certain symptoms; diagnosis is, consequently, difficult. They may be inferred from the irregular, confused pulsations of the heart, the dyspnœa, the diminished supply of arterial blood, and, generally, the presence of more or less venous congestion. The symptoms are often irregular, or even ceasing for a time, owing to change in the position of the mass. No means are known by which these concretions can be removed or dissolved; the treatment becomes, therefore, merely palliative, as does, also, the treatment for the secondary affections of the liver, lungs, etc., resulting from the venous congestion of those organs in this and nearly all other cardiac affections of a chronic character.

Case.—Helen P. was first seen by me as a patient, December 29th, 1857. She is now eleven years old, of healthy parents, and well developed; formerly an active child; she is now very quiet, moving about with great care, frequently complaining of a general feeling of uneasiness in the left side of the chest. This sensation commenced about a year since, and has gradually increased. Five years ago, she had an attack of disease called then lung fever; there was active fever, cough, and pain in the left side. "From this she never seemed entirely to recover." There was constant dyspnœa and palpitation, increased on making active exertion; also, frequent attacks called asthma, attended with fever, and terminating in free mucous expectorations. These have been usually of short duration, leaving only the usual dyspnœa and palpitation. Still, the child grew finely, and was supposed by physician and parents to be only asthmatic. Within the past year she has had fewer asthmatic attacks, and has been more quiet and more confined to the house; the last attack, six months since,

she recovered from as usual. Her indisposition to make exertion has greatly increased within the last few weeks, until now, when she scarcely makes any attempt to move about.

Present condition.—No emaciation, face pale and slightly puffy, lips a little blue, slight œdema of feet and hands, urine scanty, bowels regular and stools healthy, slight cough, and mucous expectoration; respiration, thirty per minute. The action of the heart elevates the ribs at each pulsation, and is 100 to 105 in the minute. *No pulsation can be felt at either wrist*, and it is quite feeble in the carotids. The jugulars are not distended. On placing the hand over the heart, there is a peculiar, indistinct, undulating motion felt, and it is even difficult to count thus the heart's contractions.

The extent of cardiac dulness is doubled. On applying the ear to the region of the heart, no natural sound can be heard, but there is an imperfect gurgling and some approach to a bellows murmur, but nothing distinct. The pulsations can be heard in every part of the chest. The respiration is peurile in both lungs, with slight mucous rhonchus. No examination was made at this time of the abdominal organs. On informing the parents that the case was one of heart disease, they were much surprised, having hitherto regarded the child as only asthmatic. No treatment was at this time instituted, and two days after, viz: December 31st, in the evening, I was requested to see Helen P. again. She had had about noon a slight chill, soon followed by high fever; dyspnœa and palpitation increased; cough dry, with pain in left side; headache, no costiveness, tongue clean. No pulse can be felt at the wrist; pulsations of heart 140, and respiration 43 per minute; slight crepitant rale in left lung; right lung as usual. On inspection, the chest seems more rounded than in health, and the intercostal spaces widened; percussion gives a very clear sound, except over the heart; enlargement of liver is distinct, and upper part of abdomen is unusually full. Regarding the present attack as one of acute bronchitis, the following prescription was made:

℞ Ant. et potass. tart.,	gr. ij	Tinct. opii,	ʒj
Pulv. ipecac.,	gr. x	Water,	ʒij

Mix, and give every two hours all the patient will bear with-

out vomiting. Hot fomentations to be wrapped around the chest.

January 1*st.*—Respiration and pulsation of heart reduced in frequency; skin moist; slight expectoration; has had some sleep; countenance less anxious; continue same treatment.

January 2*d.*—Improved in every respect; continue same.

January 3*d.*—No fever or pain; much cough and gastric irritation; tongue covered with yellowish coat; frequent vomiting; discontinue antim. and ipecac., and give calomel gr. ss. and Dover's powder gr. iij. every four hours; stimulating liniment to chest and abdomen.

January 4*th.* — Gastric irritation slight; rests well; no appetite; cough less; pulse 100, cannot be felt at wrist; cannot take the recumbent position to-day; evidence of a little fluid in abdomen; feet more œdematous. ℞ Continue cal. and Dover's powd., and give cinchonia gr. j. in a little wine every four hours.

January 5*th.*—Much the same; gave a mild purgative, and continued the same remedies.

January 6*th.*—Purgative acted mildly; seems improved; can lie down, and takes nourishment better; still vomits occasionally; continue same treatment.

January 7*th, morning.*—Is more comfortable; strength improved; rested well last night; vomits less, and appetite improved; coughs but little; respiration as easy and comfortable as at any time for some months past; distinguished, for a few moments, a very feeble pulsation at the wrist; discontinue cal. and Dover's powd. and give

℞	Cinchonia,	gr. v.
	Tinct. valerian.	
	Spt. æther. nit.,	aa. ℥ss.

Mix; give half a teaspoonful every three hours in water, and continue liniment to chest. Patient remained without apparent change until 2 o'clock P. M., when she rose up suddenly in bed and fell back—dying in a few moments, without apparent pain or convulsion.

Autopsy, forty hours after death. — Pericardium healthy. Heart more than twice as large as the fist of the individual,

but its proportions were well maintained throughout. The valves were all healthy. In the left ventricle, and attached firmly to the columnæ carnæ and chordæ tendina, was a dense light colored and evidently organized polypiform concretion, which extended into the aorta about one inch, and with a small coagula attached, quite filled it. This concretion would occupy nearly the bulk of a fluid ounce, was about two inches in length, half that measure in width, and one-half inch thick. The sides were irregular, as was also their thickness. Its only attachment was that above mentioned. In the right ventricle was found a concretion similarly but less firmly attached, which extended into and nearly filled the right auricle. This formation was a little larger than the other, less dense, of a yellowish hue, in parts reddish, and here and there striated as if by the rudiments of small vessels. The left ventricle was filled with fluid blood and coagula; the right ventricle was empty. The lungs were free from adhesions, and voluminous; surface a little uneven, and they did not collapse on opening the chest; on being cut into, air escaped with frothy fluid. The air vesicles were enlarged. I regret that the bronchii and their mucous lining were not examined. The liver was at least double the size of the healthy organ, rather more dense in structure than usual; otherwise natural. Gall bladder full and healthy. Spleen natural. Kidneys indurated, lobulated, and slightly diminished in size. On making a section of these organs, the structure seemed natural, except a general shrunken appearance; their fibrous coat could be stripped off with ease, and then the surface of the cortical substance beneath was found studded with firm grayish granules, which were gradually lost in the indurated tissues beneath. No other organs were examined. A small quantity of straw-colored fluid was found in the abdominal cavity. No test was made for albuminous urine.

ARTICLE IV.

ENLARGEMENT OF THE SPLEEN.

BY J. W. CROOKS, M. D., ROCKPORT, INDIANA.

I have reason to believe that there is not that professional importance attached to the varied derangement of this organ that the subject justly demands. The spleen is liable to various forms of disease; among the most frequent is, that which is thought to be a sequel to our western autumnal remitting and intermitting fevers. In malarious districts, the observing practitioner has not failed to notice the fact, that derangements of this organ play a conspicuous part in most maladies to which his attention is solicited. The position and close relation of the spleen to important organs, render any manifest deviation from the standard of health quite improbable, without affecting more or less their normal functions. True, the special function of the spleen is not even *probably* understood; yet, its diseased condition is soon rendered apparent by manifest disturbances of a special and general character. Though, as to itself, it does seem that, if it had a territorial area in proportion to its varied mutations, it might carry on its mysterious workings with but little disturbance to the general health. But its relative situation is such, that upon any considerable increase of size, its encroachment upon neighboring organs cannot be borne with impunity; hence, the evil effects of enlarged spleen are more apparent upon adjacent parts than upon its own substance. This fact, doubtless, arises from the nature of its anatomical structure. Being composed almost entirely of blood-vessels, and but sparingly supplied with nerves, it yields to any amount of distention, with little sensibility to its own body; but when in a state of hypertrophy or engorgement with induration, it cannot fail to produce both functional and organic disturbances, often of a serious character. I have witnessed instances of its materially impeding respiration by its encroachment upon the diaphragm; indigestion, and other derangements of the stomach, from the same cause; and from its weight and compression upon the bowels, constipation and difficult defeca-

tion. The great vessels may be compressed too, causing an unequal distribution of the blood—some organs receiving too much, others not enough—thus giving rise to various forms of internal congestions, dropsical effusions, with all their kindred affections, resulting from impediments in the circulation.

Though enlarged spleen is often a sequel to our western remitting and intermitting fevers, it is by no means an invariable attendant. And though ague frequently precedes the development of the condition in question, it often arises without being accompanied with any form of fever. The idea that the cold stage of intermittents is the principal and predominant cause of "ague cake," is one that I respectfully decline subscribing to. I have witnessed too many cases of enlarged spleen, in no way directly connected with any variety or form of fever, not to apprehend some more potent agency in their production. And I would rather believe, that marsh miasm acts, firstly, upon the spleen; secondly, upon the system, in causing chill and fever; that the chill is the result of the engorged spleen, than that the affection of the spleen the result of the chill. That the spleen is peculiarly susceptible to the influence of malaria, more so than any other organ, the liver not excepted, I am fully satisfied. Congestions and enlargements of the body are often the first indications we have of an approaching chill and fever; and, in fact, this condition may exist for considerable time totally unawares to the patient, and unattended with either chill or fever. Its great want of sensibility disqualifies it from sounding the first note of alarm, when its own individual substance is the lone theatre of disease. In malarious localities, patients frequently present themselves, complaining of a dull sort of uneasiness in the left hypochondrium, extending to the precordial region—not having suffered from chills or any form of fever, have no suspicion of enlarged spleen, but, on examination, this latter condition is found to be the true source of all the trouble. And it is not uncommon for this state of affairs to continue for many months, or even years, alternately diminishing and increasing, but never entirely disappearing, and the patient at the same time totally exempt from chill and fever.

Then, when we take into consideration the fact, that an enlargement of the spleen often occurs and persists for months and for years without ague, and that it as often precedes the febrile attack when they are connected at all, as it seems to follow as a sequel, it is not unreasonable to conclude, that derangements of the spleen have as much to do in producing ague as the latter has in producing the former. Then, that character of enlargement of the spleen, known as "ague cake," I am disposed to regard as a true idiopathic affection, incited and maintained by a direct miasmal influence—and the principal function of the spleen to be a sort of depurator to the system, a sort of cesspool or reservoir for the noxious properties of the system, which, by process of time and some pecular action, it neutralizes the poisonous influence. There is nothing improbable, but, on the other hand, an apparent wise provision of nature, that the system should be provided with a diverticulum and a regenerating laboratory, through which deleterious agents might pass, modified, and rendered innoxious to the general economy. That it possesses these qualities to a considerable extent, and often, as it were, flies to the rescue of the more vital organs, is neither unreasonable nor scarcely doubtful.

Treatment.—That calomel acts specifically upon the glandular system in general, and more particularly the liver, we have but little if any doubt. And this agent was once the Samson remedy for all forms of hepatic and biliary derangements of every character. Calomel, portal congestion, and black bile, were "all the go." And the spleen, too, though deprived of most of the characteristics of a gland, having no excretory duct through which vitiated matter could pass, was required to perform similar functions with the liver.

Then, have we anything that will act specifically on the spleen when in the condition under consideration? I answer we have. For that form of disease, resulting from the influence of malaria, we have what I regard an infallible remedy in the sulph. quinine. By its specific and direct influence upon the spleen, through the medium of the blood, it neutralizes the poisonous effects of malaria, and at once removes the whole

cause of the trouble. The effects of quinine in neutralizing, or otherwise counteracting the effects of this source of disease, is perfectly apparent in the treatment of ague and fever, as well as other biliary derangements of the system. We do not give calomel now-a-days for the purpose of arresting bilious fever; nor do we give mercury in the treatment of ague, or, at least, very rarely, and I venture to say, never any more with reference to its mercurial effect. The condition of the spleen in question being the result of miasmal influence, quinine is the remedy, as its known effects upon this class of morbific agents are now placed beyond question. With this remedy alone, I treat chill and fever and enlargements of the spleen, premising purgation only with reference to the condition of the bowels. And I here bear testimony to the curative effects of quinine in all those forms of summer and autumnal *diarrhœa* so prevalent amongst children, more particularly at those seasons of the year. The constitution of a child seems to be such, that it cannot tolerate the accumulative influence of malaria; it will soon succumb under some form of the terrific nervous affections, or exhaust itself in the effort to get rid of the pernicious effects of the poison by diarrhœa. Whereas, by the timely and proper use of quinine, and the restraining influence of opiates, many cases may be cured that would prove fatal under the old calomel practice. I regard its modus operandi, in these forms of diseased action, the same as upon the spleen, by at once acting upon the malaria in the system, neutralizing and destroying its effects. About ten grains of quinine daily—grs. iii. at a dose—for from two to six weeks, I have found fully adequate to the relief of the most obstinate and protracted enlargement of the spleen.

I cannot refrain from venturing the suspicion, that actual hepatitis and other formidable diseases of both liver and spleen were more common, and much more ungovernable, under the winged god, Mercury, than at the present time, when many of the profession begin to suspect him for raising his magic wand to

> "Draw bodies down to hollow graves,
> And send them off on Stygian waves."

DOCTOR BACON'S CASE.

Died, Feb. 17th, 1858, at his residence, of Bright's disease, MILTON BACON, M. D., of Lake County, Illinois, aged 43 years.

The profession, and the whole neighborhood of Dr. Bacon's residence, have sustained an irreparable loss in his death. His education was not *finished* in the college hall, for, although in early life he improved to the utmost of his abilities the ample advantages afforded by the best medical colleges, and graduated with much credit, he has been progressive in his attainments, and when he died was fully up with the improvement of the present time in the profession. A man of unexceptionable moral character and ethical propriety, his consultation practice was large, and all his advice was fraught with that soundness of judgment and discriminating acuteness which vast professional knowledge and extensive experience only can insure; while the confidence inspired by his conscientious and earnest demeanor, was of great service to his patients and medical associates. His friends and bereaved family can but derive consolation in the general condolence of his entire acquaintance. The mysterious working of Providence is never more profound and inscrutable than in such dispensations as the removal of men like Dr. Bacon, whose mental maturity, fulness of scientific attainments and ripeness of experience, the fruition of a long life of laborious and severe toil, render them invaluable to suffering humanity.

By request of his medical men, I subjoin the following relation of his case. W. H. BYFORD.

I was called to see Dr. Bacon, in consultation with Drs. Cory and Bullock, of Waukegan. The history, as related to me by himself, Mrs. B., and the medical gentlemen present, was as follows: He had been practising medicine for about twenty years in the neighborhood where he then lived. It is a high, broken, healthy lake coast, six miles north-west from Waukegan. Up to July last, he had enjoyed uninterrupted good health, and was regarded as one of the most hale members of the medical profession in that vicinity. Rather short in stature, portly, in fact, corpulent in form, he was also jocund

and lively in spirit. One peculiarity, which is said to have been observed by him since his earliest recollection, was an irregularity of the pulse—an omission of about one beat in twenty—while the heart was acting with regularity. He also assured me, that before July there was no irregularity of the heart's action of which he was conscious. For a short time prior to July, or early in the summer of 1857, he noticed slight œdema of the extremities, but it was evanescent in duration and partial in extent, so that it was not a source of much uneasiness to him. In July, while engaged in the active discharge of his professional duties, he was attacked with what was considered sun-stroke, from which he gradually recovered, with a slight paralysis of the whole left side as a sequel. This paralysis pretty rapidly declined, and in the course of a month seemed entirely gone, but returned in October for a few weeks. So soon as he had recovered from the sun-stroke, he was afflicted with indigestion, severe pain in the stomach, nausea and vomiting. Consentaneous with the dyspeptic symptoms, protracted and easily-excited paroxysms of palpitations of the heart supervened. These two symptoms became much more tolerable in a few weeks, but did not entirely subside. The functional irregularity of the heart was considered to be associated as an effect with the stomach derangement. Toward the latter part of his sickness, Dr. B. thought his heart was structurally diseased. There was no febrile movement of any consequence during the disease. Emaciation and debility, with drooping spirits, induced him to take a trip to the State of New York for his health, expecting to visit and spend some time at some of the favorite eastern watering places; but, after remaining with his friends for several weeks without benefit, he returned to the west. He continued to suffer from indigestion, palpitation, increasing emaciation and debility, without any other marked symptoms, until about two weeks before his death, when the left lower extremity became painful and swollen, and in a short time assumed an appearance resembling phlegmasia dolens. Cough and bloody expectoration began about a week before his death. The cough was very annoying, and often occurred in lengthened paroxysms, but

more frequently a mouthful of almost pure blood was thrown up without much effort. His condition, when I saw him, was represented by the following array of symptoms, namely: general but moderate œdema, greatest in the lower extremities, particularly the left; surface quite perceptibly icteroid; temperature natural; breathing rapid, but not very laborious; frequent cough, and copious expectoration; pulse about 120 in the minute, feeble and intermittent; the intermission consisted in the omission of one pulsation about every twenty beats; otherwise, the pulse was regular. The pulsation of the heart could not be felt externally by the hand. Abdomen considerably enlarged by contained fluid. The liver was also greatly enlarged, extending across the epigastric into the left hypochondriac region, and down into the umbilical and lumbar region of the right side. His mind was quite clear, and he manifested an intelligent interest in the microscopic and chemical examinations. Upon auscultating the chest, the whole right lung, and much of the lower portion of the left, gave out the subcrepitant rale, indicating the occupancy of the small bronchia by the blood which was constantly being thrown from the lungs. The sounds of the heart were very feeble and distant, but not abnormal in quality, so far as I could discern with the imperfect examination I could make at the time. The urine was very dark colored, resembling porter, and so thick as to retain the bubbles of air for some time. Heat and nitric acid both showed a moderate quantity of albumen, while the microscope revealed blood and pus corpuscles. He remained in this condition, except a gradually increased embarrassment of respiration and prostration, until 17th, when he died. Post-mortem on the 18th. All the serous cavities of the body contained a large quantity of serum. The tunica albuginea testis and scrotum were also distended with serum. The pericardium was very much distended, which accounts for the feeble sounds of the heart. The right lung was engorged from top to bottom with thick tenacious bloody mucous, and about two-thirds of the lower portion of the left was in the same condition. Their structure did not seem to have undergone any change. The heart was hypertrophied and dilated until, with the blood it

contained, it weighed forty-three ounces. After being evacuated and washed clean, its weight was twenty-seven ounces. It was dilated until it contained six ounces of blood. The valves, auriculo-ventricular and ventriculo-arterial, were healthy, and every way natural as to size. The stomach and intestinal canal throughout were quite sound. The liver was very much enlarged, but, it was believed, from congestion. The gall bladder was largely distended, and its neighborhood was stained by, while the cellular tissue of the whole body was infiltrated with, bile. The most remarkable changes, however, in the abdominal organs were discovered in the kidneys. The left was hypertrophied to what seemed about one-third more than natural size, but not otherwise altered; the right was structurally changed. The pelvis was larger than ordinary, and at its lower end pouched down to the size of a small hen's egg, in which was contained dark pus, blood and urine. The contents of the organ, although of urinous odor, had very little the appearance of that fluid in other respects. The cortical substance was very much thinned, and in parts of the walls completely replaced by a hard condensed fibrous membrane, while all of this structure was more than ordinarily condensed, and showed in several places, under a magnifier, irregular depositions of fibrin. The tubular structure was obliterated entirely in many places, and there were carneous agglomerations all over it. The immediate cause of Dr. Bacon's death was, doubtless, the extensive congestion of the lungs. Many of the symptoms that occurred during the progress of the disease were directly referable to the affection of the kidneys, and a matter of no small importance would be decided if we could compute the whole of the damage arising from this source. My *opinion*, and I think it is borne out by the present state of pathological knowledge, is, that the kidneys were the first organs diseased, and that all the other phenomena are directly or indirectly attributable to their functional improprieties. The essential condition of the kidneys, to the production of all the symptoms which constitute Bright's disease, or albuminuria, is an obstruction of a part or a whole of capillary tissues in which secretion takes place, so as to prevent them from per-

forming their secretory functions, and cause the effusion of albumen from the blood. This may be and often is effected by fibrinous or albuminous infiltration. The deposit or infiltration may be the result of a well-marked chronic inflammation, as I think it was in the case of Dr. B., or a solid effusion from a less active condition of the circulation. The succession of symptoms, I think, bears me out in my assertion as to the agency of the kidneys. The Doctor spoke of having observed an evanescent œdema, but distinctly marked, before he was attacked with the train of symptoms which continued until his death. Next in order were the nervous system, sun-stroke, followed by partial paralysis. So soon as he recovered from the urgent head symptoms, painful dyspepsia and palpitation of the heart followed, and continued with varying gravity until the termination of the case in death. This is just the course we might expect to observe in cases of albuminuria. Heart affection is almost if not quite an essential element of Bright's disease; and the weight of authority inclines to the opinion, that it is one of the *effects* of albuminuria. Be this as it may, we have all the anatomical alterations and symptomatic manifestations necessary to make a complete case of this fatal malady. One rather singular circumstance is, that he had never complained of pain in the region of the kidneys, notwithstanding the amount of disease found in them after death. This unfortunate combination of organic disease rendered all but palliative treatment entirely profitless; and if the precise condition of his entire organism could have been disclosed months before his decease, the only result that did not obtain in the case, would have been an adverse and hopeless prognosis. The medical gentlemen, who attended him during his long illness with the devotion of true and worthy professional brethren, Drs. Cory, Bullock and Evans, of Waukegan, acting often in the capacity of watchers and nurses, have afforded to the profession an example worthy not only of all commendation but of imitation, and will be remembered with gratitude by the family and friends.

W. H. B.

BOOK NOTICES.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS, including the Treatment of Chronic Inflammation of the Uterus, considered as a Frequent Cause of Abortion. By HENRY MILLER, M. D., Prof. of Obstetric Medicine in the Medical Department of the University of Louisville. Blanchard & Lea, Philadelphia, 1858.

We like this work of Prof. Miller's, for the independent and manly originality of matter and expression. It contains more than an ordinary amount of originality for books of the present day. We like it all the better, because it is Western. It is a direct assurance to the western student, that the hot-beds of vice in Europe are not the only localities in which uterine infirmities may be studied with profit to the profession; and what is of equal importance, that the treatment for one latitude is applicable to that of another in this respect. Dr. Miller is the acknowledged and decided champion of the Bennet pathology of the uterus and its appendages on this side of the Atlantic. His views command the respect of all who have read them; they bear the impress of independent research, and should be read by every western physician with pride. While it could not be expected that we should subscribe to everything we find in Prof. Miller's book, we most heartily recommend it as one of the most reliable for consultation on the subjects of which it treats with which we are acquainted.

We should be glad to particularize some of the best points of our author, if space would permit, but it would require too much room, and it is not an easy matter to decide between selections where there are so many that would be very interesting.

A PRACTICAL TREATISE ON DISEASES OF CHILDREN. By J. FORSYTH MEIGS, M.D. Third Edition. Lindsay & Blackiston: Philadelphia, 1858.

The appearance of the third edition of Dr. Meigs' work in ten years is a pretty good evidence of the approval it has received. There is sufficient substance in the work to live still many years, under the judicious guidance of its indefatigable author. Many more sickly offspring have grown into such

strength and lively robustness under his care, as to give promise of unusual longevity. Although not intended to be a complete work on diseases of children, it *has its own excellences.* The chapter of entero-colites is very interesting, and we think equal, if not superior to, anything on the same subject within our knowledge. His success as an author is placed beyond question, by the appearance of this beautiful and solid edition of his work on children.

THE PHYSICIAN'S HANDBOOK OF PRACTICE AND MEMORANDA FOR 1858; containing a Classified List of Diseases, with their Symptoms, Complications, etc.; an Alphabetical List of Remedial Agents, with their Properties, Preparations and Doses; a Classified List of Poisons, with their Symptoms and Antidotes; Examples of Extemporaneous Prescriptions, and Abbreviations of the Terms Used in Prescribing, with their Translations into English; to which is added a Record for Daily Practice. Prepared for the Names of Thirty or Sixty Patients, and other Memoranda. Second Edition. By WM. ELMER, M.D., and LEVI REUBEN, M.D. New York: Stringer & Townsend, No. 222 Broadway. 1858.

Such is the title-page in full of a neat little book which we have received from the authors. It is proposed another year to alter the arrangement in several particulars, one of which is to furnish practitioners with a key, by the aid of which they may find anything they wish in the various periodicals of the day. There are certainly several important items of interest to the busy practitioner in this little volume. The objection we have to it is, that it contains too much for a pocketbook, and too little for a combined case and day book. The man who is engaged in active locomotion likes to rid himself of every weight and hindrance, and even Lindsay & Blackiston's visiting list is getting rather cumbersome. We believe that the authors of the handbook might make a combined day and case book that would give room for legible record of the pecuniary and professional interest we have in our patients, that would better supply the wants of the profession than can be done by their present production. Anything we carry in our pocket we want of small space and ponderosity. But if a book is to lie in our desk, for daily record and reference, we have less concern for its size and weight than for its correctness, fulness and completeness. While we feel constrained to make the above observations, partly in reference to the handbook,

we are free to recommend it as an excellent and comprehensive little remembrancer and daily record, to such as are willing to carry a very light package about them constantly.

We have only space to mention the reception of an "Introductory Address delivered before the Class of the Medical Department of the Iowa University, at the opening of the Course of Lectures for 1857–8, by A. T. Hudson, M.D., Prof. of Theory and Practice of Medicine."

"The Fifth Annual Report of the Surgeons of the New York Ophthalmic Hospital, with an Address by Mark Stephenson, M. D. (one of its Surgeons) to the Graduating Class." This institution is doing good service toward exterminating quackery, by educating regular physicians more thoroughly in this much-neglected specialty.

"First Annual Report of the Trustees and Superintendent of the Ohio Asylum for the Education of Idiotic and Imbecile Youth, to the Fifty-Third General Assembly, for the year 1857." This institution is situated at Columbus, Ohio, and is under the superintendence of R. J. Patterson, M.D., formerly of the Indiana Insane Asylum. We know of no man who is more capable of the duties of that difficult position than Dr. R. J. Patterson.

"Pliny Earle's very clear, philosophical and highly-erudite Medical Opinion in the Parish Will Case," is received.

We have also received the "Parish Will Case before the Surrogate of the City of New York," with the "Medical Opinions upon the Mental Capacity of Mr. Parish, by John Watson, M.D., D. T. Brown, M.D., M. H. Rauney, M.D., Pliny Earle, M.D., Luther V. Bell, M. D., L.L.D., J. Ray, M.D., Sir Henry Holland, Bart., M.D., F.R.S." A portly volume of 573 pages. Although so formidable in appearance as to discourage the timid from undertaking its perusal, the time thus spent would be well repaid by the valuable information contained in it.

PROCEEDINGS OF MEDICAL SOCIETIES.

MEETING OF THE HENRY COUNTY MEDICAL SOCIETY, HELD IN CAMBRIDGE, HENRY CO., DEC. 1, 1857.

President Holton in the chair.

Minutes of the previous meeting, held in Geneseo, Sept. 1st, 1857, were read and approved.

On motion of Dr. R. J. Stough, a vote of thanks was paid Dr. A. A. Dunn for his address made at Geneseo at our last meeting.

Committee appointed to obtain meteorological instruments reported progress.

On motion of Dr. M. J. Lyman, report was accepted, and committee continued.

On motion of Dr. R. J. Stough, an equal assessment will be made on the members of the society, to pay for the aforesaid instruments.

Dr. Swansey, of Tiskilwa, was proposed by Dr. N. Holton, and on motion, Dr. Swansey will be admitted by complying with the regulations of our constitution and by-laws.

Essays and reports of cases.

Dr. L. P. Dimmitt reported several cases of cutaneous diseases, treated by the following formulæ:

℞	Lard oil,	℥vi.	
	Oil turpentine,	℥ij.	
	Acid sul.,	℥i.	M.

Dr. R. J. Stough read a report of a case of dysentery, treated principally by the cannabis indica (successfully) by Dr. Talcott.

Dr. M. J. Lyman on chronic pleuritis, treated by veratrum viride, following which was a lengthy discussion upon the use and abuse of veratrum.

Dr. R. J. Stough read an essay upon the use of belladonna as a prophylactic in scarlatina.

Dr. E. Pomeroy read an essay, entitled "Some thoughts

relative to the medical profession," confined chiefly to medical progress.

Dr. T. D. Fitch reported a case of laceration of the neck and inversion of the uterus—reduction and recovery.

Other cases were reported verbally, and discussed.

On motion, the address of Dr. N. Holton, to be delivered at the evening session, was deferred, on account of the inclemency of the weather, until our next regular meeting.

On motion of Dr. R. J. Stough, society adjourned, to meet in Sheffield, Bureau Co., on first Tuesday in March, 1858.

N. HOLTON, *President.*

T. D. FITCH, *Secretary.*

EDITORIAL.

MEDICAL EDUCATION.

At the last annual meeting of the American Medical Association, a special committee was appointed, with instructions to report, at the coming meeting in May next, a more complete and judicious plan of instruction to be adopted by the medical colleges of our country. This is a subject of much importance, and we had hoped to see a free interchange of views concerning it through the medical journals, before it should be again brought up for formal action in the Association.

For many years past, it has been almost universally acknowledged, that the system of instruction usually pursued by the medical colleges of our country is very defective.

1st. The usual term of *four months* is too short to allow of more than a partial course on any one branch, if all the important departments of medical science are embraced in the curriculum.

2d. The system permits no natural order or succession of topics for study on the part of the student, but compels him to listen to the same incomplete course on all the branches at each successive college term.

Hence, the student who has scarcely proceeded far enough in his medical studies to become familiar with the long bones of the skeleton, is placed in the same class, and made to listen to the same details in practical medicine, surgery and obstetrics, with him who had already studied diligently three or four years.

3d. The anxiety of each faculty to include as much as possible of the various departments of medical science in the college term, has caused the number of lectures each day to be so great, as to leave a very inadequate amount of time for reading, dissections, and clinical study.

To remedy or mitigate these defects, the American Medical Association, in the early part of its history, strongly recommended the extension of the college terms to *six* months. A little reflection, however, will satisfy every intelligent physician that a *simple* extension of the lecture term would constitute only a very imperfect remedy. If the additional time was used for extending the several courses of lectures, it would leave the second and third evils wholly unmitigated. On the other hand, if the number of lectures per day were reduced in proportion to the increased length of term, so as to remedy the third evil, the first and second would remain in full force. To effect a real reform in medical college instruction, to realize a practical avoidance of the evils and defects of the present system, four things are necessary, viz:

1st. Such a revision of the several departments or chairs as will permit them to be divided into two groups—the first embracing all those branches usually considered elementary, and the second, all those more directly practical.

2d. Such an extension of the collegiate year as will allow two full lecture terms; the first, for the elementary group of branches; and the second, for the practical—thus enabling the student in attending two terms to hear, instead of a *repetition* of one imperfect course, a full review of all the departments in their natural order of succession.

3d. Such a limit to the number of lectures per day as will permit each student to give adequate time to dissections and clinical instruction.

4th. Access to the wards of a well regulated hospital must

constitute a necessary appendage to every medical college; and attendance on, at least, one course of clinical instruction a requisite for graduation.

To carry these views into successful and full practical operation, we would suggest the following definite plan of college organization, and ask for it the thoughtful consideration, not only of the special committee of the American Medical Association, but of the whole profession:

1st. Make the full collegiate year embrace a regular course of instruction in the following departments, viz:

1*st.* Descriptive anatomy.
2*d.* Elementary and inorganic chemistry.
3*d.* Human histology and physiology.
4*th.* Materia medica.
5*th.* General pathology and public hygiene.
6*th.* Regional and surgical anatomy.
7*th.* Organic chemistry and toxicology.
8*th.* Practical surgery.
9*th.* Practical medicine.
10*th.* Obstetrics and diseases of women.

We would group the first five of these departments together to constitute an elementary course or term, and the last five to constitute the practical course.

2d. Let each collegiate year be divided into two terms; one called the *elementary*, and the other the *practical term.* The first may commence on the first Monday in March, and continue until the last Wednesday in June. Besides embracing a full course of lectures on each of the five branches named, it should present ample facilities for the practical study of anatomy by dissections, and a course of clinical instruction in the hospitals, devoted almost exclusively to medical and surgical pathology and diagnosis.

The second term should commence on the first Monday in October, and continue until the third Wednesday in February, at which time the annual commencement for conferring degrees should be held. This term should embrace, in addition to the full course of lectures on the five branches assigned to it, also abundant material for dissections, and a full hospital clinical

course devoted more directly to the details of practical medicine and surgery.

3d. No student should be eligible to graduation until he had studied medicine and surgery three years, and attended, at least, one full collegiate year, embracing the two terms just described in their proper order. But instead of attending both college terms the same year, each student should be encouraged to attend the elementary term during the first eighteen months of study, and the practical term at the end of the second eighteen months. Of course, such students as possessed the requisite means could attend a repetition of one or both terms each year during their studies.

Such is a brief statement of the system of college instruction which we would propose; and we are confident that its adoption by all the leading colleges of the country would very speedily result in great practical benefit to the profession. It would immediately render the study of medicine more systematic or methodical, by confining the attention of the student during the first half of his studies to a smaller number of branches, and those wholly of an elementary character, but essential to qualify him to advance understandingly to the second series during the last half of his period of study. It would practically separate the first from the second course students; in other words, the new beginners from the advanced scholars, and furnish a complete college term adapted to each. If a teacher in any of our ordinary institutions of learning should enter the school-room, and place the scholars just beginning to study arithmetic in the same class with those already advanced in the higher branches of mathematics, he would be declared *non compos mentis*, and speedily dismissed. And yet, under our present system of medical college instruction, we are continually placing the student who has scarcely become familiar with the outlines of the naked skeleton side by side with those who have already diligently pursued their studies three years, and compelling both to listen, day by day, to lectures on the same variety of subjects. By the proposed plan, each student would be obliged to become familiar with descriptive anatomy, histology, etc., before proceeding to surgical anatomy and practical surgery. So to, a

full course on physiology, materia medica, and general pathology, would precede the study of practical medicine and obstetrics. It would thus not only render the system of medical study more methodical and rational, but the field actually covered by college instruction would be greatly enlarged. It is well known that under the present system, the professors of chemistry seldom progress beyond the elementary and inorganic part of their science before they are arrested by the *end* of the term. If the teachers of institutes, or physiology and general pathology, devote any adequate attention in the first part of the college term to histology and the important developments of the microscope, they almost necessarily arrive at the end before their course is half completed. If materia medica and medical jurisprudence are connected in the same chair, the latter is either not reached at all, or only three or four of its more prominent topics hastily presented during the last days of the term. The courses on the several practical branches are scarcely more complete. Thus, if the professor of surgery commences his course with due attention to surgical anatomy and pathology, he uniformly ends it with one-third of the important surgical diseases and accidents untouched.

But in the proposed plan, by increasing the whole number of professorships, and thereby securing a further division of labor, and by making the two terms consecutive and continuous instead of repetitional, these defects are obviated, and the important topics of histology, organic chemistry, toxicology, surgical anatomy, etc., not only have a name in the college curriculum, but actually receive the consideration which their importance demand. But one of the most important advantages of the proposed change relates to clinical teaching.

By restricting the number of lectures per day to five, sufficient time would be left to enable the student to devote one hour each day to attendance at the hospital; and if a proper understanding, or concert of action, existed between the hospital boards and the college faculties, it would be easy to so divide and classify the students that a limited number could visit some department of the hospitals each day. During the first term, their attention could be directed principally to the

chemical and microscopic examination of morbid secretions, deposits, growths, etc.; to the individual practice of auscultation and percussion; and all those manipulations necessary to establish the habit of thoroughly investigating and correctly diagnosticating disease. Such a hospital course, in connection with the courses on physiology and general pathology in the college, would be of great advantage to the student, and properly prepare him for the details of therapeutics and operative surgery in the hospital during the second term in the college.

While the proposed system thus reduces the study of medicine to a systematic or methodical arrangement, practically enlarges the curriculum of college instruction to a very important degree, and renders more comprehensive and systematic the clinical teaching, it neither requires the student to remain materially longer in college at any one time, or to spend a larger aggregate amount of money during his period of study. The average aggregate length of the college terms under the present system does not exceed four months. This duplicated gives eight months as the aggregate time of college instruction required for obtaining a degree. While the system that we propose, instead of requiring a *duplicate* term of four months, exacts a primary term of four calendar months and a practical term of nearly five months, making an aggregate time of nearly nine months' attendance on the colleges.

But the increased expense required by the additional month would be offset by the less number of professors' tickets to be taken in each term or division of the collegiate year. This is an important item; for the fact cannot be denied, that nine-tenths of the medical students of our country are possessed of very limited pecuniary means. And whatever system of college instruction is devised, that does not regard this fact, will not only fail in practical efficiency, but will cause hundreds to enter upon the practice of medicine annually without any attendance upon college instruction during their pupilage.

Neither does the proposed plan *necessarily* require the schools to support a larger number of professors. The two annual terms being consecutive, and in some degree continuous, the

same professor may properly and in some cases advantageously hold a chair in each term. This would be particularly the case with the departments of elementary chemistry in the first, and organic chemistry and toxicology in the second term. So also with general pathology in one, and practical medicine in the other; and descriptive anatomy, with regional and surgical anatomy. From much reflection during the last fifteen years, and nine years' active experience in teaching both in the college and the hospital, we are satisfied that the proposed plan will bear the most rigid scrutiny. And we hope the time has come when members of the profession, both in and out of the schools, will speak out freely, plainly and candidly on the whole subject.

RUSH MEDICAL COLLEGE—ANNUAL COMMENCEMENT.

The fifteenth annual commencement in Rush Medical College was held in the College Hall, on the afternoon of the 17th of February. The hall was well filled at the hour appointed; and after the opening prayer by the Rev. Mr. Rice, several members of the graduating class were called upon to read their inaugural thesis.

The degree of Doctor of Medicine was then conferred on the following gentlemen, viz:

Chas. J. Keegan,
D. B. Montgomery,
Owen Wright,
O. B. Ormsby,
Benj. F. Swofford,
J. L. Potter,
L. B. Brown,
Freeman Clark,
L. Brookhart,
A. J. Miller,
T. C. Jennings,
B. F. Ross,
B. F. Keith,
Eli York,
J. D. Gray,
L. D. Smedley,
J. R. Webster,
C. V. Snow,
S. B. Davis,
J. T. Pearman,
J. B. Wilson,
J. B. Earl,
W. B. Harl,
Wm. H. Rockwell,
Benj. Durham,
J. S. Pashley,
John O'Connors,
J. Slack,
Thos. Winston,
P. Corcoran,
C. N. Ellinwood,
J. N. Green,
Allen Heavenridge,
Wm. Somers,
R. C. Black,
Willis L. May.

The honorary degree of Doctor of Medicine was conferred on Dr. Solomon Davis, of Columbus, Indiana, and Dr. Waldo W. Lake, of Milwaukee, Wisconsin.

The ceremony of conferring the degrees being concluded, a well written and very interesting valedictory address to the graduates was delivered by Prof. W. H. Byford. It was chiefly devoted to the elucidation of those ethical rules and principles which should govern the practitioner in all the relations of life. The positions taken were just; the illustrations happy; and the lessons inculcated impressive and salutary.

The ceremonies properly belonging to the public commencement having been concluded, the graduates and alumni of the college, together with the faculty and invited guests, retired to the museum room, where a collation had been prepared by Messrs. Anderson & Brother, and spent a couple of hours in the most agreeable and social manner. The free use of the bounties provided for the physical man, was interspersed with an equally free flow of wit, social hilarity, and intellectual enjoyment. At an early hour the company separated, feeling that the occasion would be remembered as a green spot in the diversified field of human life.

Thus closed another prosperous, and, we trust, profitable annual course of instruction in Rush Medical College. In looking over the names on the register, we find quite a number absent, who had intended to attend the course, but who were prevented by the financial embarrassment that swept like a pestilence over the country during the past autumn, and interposed a barrier in the way of the accomplishment of the plans and expectations of men in every relation of life. Still we had the average number of students and graduates, and their uniformly correct deportment and assiduous attention to instruction, both in the college and hospital, rendered the duties devolving on the faculty as pleasant as they were arduous.

DR. D. D. THOMPSON, OF OTTAWA, ILL.

Sometime last year, we published the substance of a communication from the Ottawa Medical Society, by which it

appeared that the above-named gentleman was expelled from the society for having embraced homœopathy. In a recent letter to us, he says:

"I am still practising medicine after the old fashion, and shall probably continue to, so long as I practise at all—my *brief* connection with that said *homœopath* to the contrary notwithstanding."

HONEY BEES AS DIURETIC.

PORTLAND, MICH., Nov. 16th, 1857.

I have used the decoction of the Apis Mellifica or Honey Bee in many cases of suppression of urine, during the last fifteen years, and in almost every case with success. I regard it as far superior to any other diuretic, and have very often given it after other diuretics have failed. I have never tried it in dropsy, and do not know what effect it would have (to give it for some length of time), still I think it would succeed when other means would fail. I have taken from eight to twelve honey bees and poured on them a pint of boiling water, and have given one table-spoonful of the decoction every five minutes; relief will very soon follow. This may not be new to others, but if it is not known, I think it deserves a trial.

I am very respectfully yours, etc.

M. B. BEERS.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery, for January, 1858, was promptly on our table. Its contents are as varied, interesting and important as in any previous numbers.

The North-American Medico-Chirurgical Review. The January number of this very valuable periodical has not reached us.

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Second—Clinical Instruction in the Surgical Wards of the Mercy Hospital.

Third—Daily Examinations on the branches taught in the Medical Schools, illustrated by *Dissections*, *Pathological Specimens* and *Microscopic Demonstrations*.

Fourth—Microscopic Anatomy.

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When the *quantity* of more than one substance is to be determined, the charge will be $5 for the first determination, and $3 for each subsequent one.

When the *presence* or *absence* only of one or more substances is to be determined, the charge will be one-third of the above rates, being $1.67 for the first determination, and $1 for each subsequent one.

From the above rules examinations for *poisons* are excluded, and will require a special understanding depending upon the nature of the case, etc.

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

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"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci.	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

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Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
Rhusin,	Rhus Glabrum,	1 00

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" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
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THE CHICAGO

MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

TWO CASES OF ABSCESS OF THE LUNGS; CERVICAL SUPPURATION WITH HÆMORRHAGE, A DANGEROUS COMPLICATION OF *SCARLATINA; PLACENTA PRÆVIA*, A CASE OF TURNING AND DELIVERY, WITH SAFETY TO MOTHER AND CHILD.

BY E. READ, M.D., TERRE HAUTE, IND.

In the summer of 1844, I visited a patient, eighteen miles distant, who was represented to have a very bad cough and to be expectorating large quantities of pus. On my arrival, I found a man, aged twenty-seven years, who had always enjoyed good health up to within two months of that time, and whose occupation was that of a farmer. I found the left side protuberant and swollen, and puffed out, from the internal pressure of matter.

He was expectorating pus very freely, and had exacerbations of fever attended with night sweats, and had every appearance of one rapidly declining with consumption. His own history, for he had not had any medical attention, living as he did remote from towns, was that, two months previously, he had taken a cold which was accompanied with a severe pain in the

left side, which had continued up to within a few days of the time that I saw him. He could not lie upon his back or right side. It seemed as though the entire left lung was converted into pus, and I recommended, for I could see nothing else to do, the operation for empyema. He had a most terrible apprehension of the puncture, and would not consent to the operation under any circumstances whatever, declaring he would rather die without it, than to live with it.

Having prescribed expectorants and anodynes, I left him with a full conviction in my own mind that he would certainly die within a very short time.

A month afterwards, I saw one of his neighbors, who informed me that the tumor had burst externally just below the left nipple, and had discharged a great quantity of matter and was still discharging, and that the man was better. The next winter I understood that he was making rails and chopping wood, and had actually engaged to clear off a heavily-timbered piece of land, although his side was still discharging matter. In the summer of 1855, eleven years from the time I first saw him, he came to see me. Upon examination, I found a thin discharge was still kept up, and that all of the ribs of the left side were externally concave, instead of convex. The left lung was entirely gone, and that whole side had the appearance of being pushed in. He informed me that he had enjoyed good health, and worked daily at the hardest and most exposed labor of the farm. In every respect he seemed robust and sufficiently healthy, and thought that he had his usual strength and weight. He was still living a year ago.

Abscess of the Lungs, opening into the Bronchial Tubes.— In the month of March, 1856, I was summoned in great haste to see J. F. K., who was represented to be suffocating from the discharge of pus from his lungs. In twenty minutes' time I was with him, and never have I seen so large a quantity of pus thrown out in so short a time. He was sitting strangling, coughing and almost suffocating, and had already filled a tin basin holding three pints, and was now filling a second, and continued until it was quite full. The stream was continuous, and nearly an inch in diameter. The first basin of matter was

pure yellow pus, the second, after being half filled with the pure pus, became streaked with blood. Here, then, in a little over half an hour, the very large quantity of pus above mentioned was discharged *per orem*.

The subject of this abscess was a large fleshy man, aged sixty-five years, who had always enjoyed most excellent health, although his respiration was a little hurried, and he generally seemed short of breath. For a few weeks previous to this, he had had a fixed pain in his left side, but not severe enough to call for medical aid, and but a few minutes before the present attack, he had been working in the yard among his fruit trees. Immediately after he went into the house, he commenced coughing, and the discharge of pus followed. He remained indoors but two or three days, and then went out as usual. During the summer he enjoyed his usual health, but in the next October he began to cough, which was attended with a suffocating sensation, but without pain, and gradually he lost flesh, and was unable to rest in any other than the sitting posture. Anasarca supervened, and he died in January. The abscess seemed to have involved almost the entire left lung. I could not obtain the consent of the family to make a post-mortem examination.

Scarlatina, and one of its Dangerous Complications.—A few years ago, in consultation, I saw a little girl, aged eight years, who, as a sequent or rather as a concomitant of scarlatina, had swelled submaxillary glands, which terminated in suppuration, and involved the entire cellular tissue of one side and front of the neck. The attending physician lanced the abscess, and after a large quantity of matter was discharged, bleeding ensued, which continued for three days, when she died of exhaustion from the loss of blood.

In every other respect she appeared to be doing well, and would unquestionably have recovered had it not been for the submaxillary and submental suppuration, which destroyed so many of the bloodvessels, that a fatal hemorrhage ensued.

Every possible means was resorted to, to arrest the bleeding. The blood was thin and pale, and seemed destitute of fibrin and coloring matter and albumen. The family never forgave

the physician, for they believe that from anatomical ignorance, he had cut a bloodvessel, which he was unable to secure. Since then, I have seen two others bleed to death from the same cause. They were both my own patients, and as I had received a very salutary lesson from the first one I saw, I carefully abstained from the use of the lancet. I left to Nature both to open the abscess and receive the censure.

I am persuaded that most will die from hemorrhage, where the suppuration is extensive in this region; hence, the safest plan for the physician is to avoid all risks of censure, especially as the delay to open the abscess will in no way add to the danger of the patient. The last case I saw was but a few days ago, and was that of a boy six years of age, who died on the fourteenth day of his sickness, and on the fourth of the hemorrhage.

The cervical suppuration may be regarded as a dangerous complication of scarlatina, because it gives rise to a hemorrhage which is exceedingly unmanageable. Just now, *scarlatina anginosa* is prevailing here, with an unusual disposition to cervical swellings, although I have seen but one which terminated in suppuration. Nitrate of silver, xx grs. to the oz. of water, seems almost a specific as a local application to the throat internally. It should be thoroughly applied two or three times a day.

In the month of December, there were but three interments in the city of Terre Haute, which shows one of two things—either that we have an unusually healthy locality, or that our physicians are well skilled in the healing art. If the scarlet fever, however, continues to prevail, the next monthly report of interments will probably be largely increased.

Placenta Prævia.—I saw an interesting case of placenta prævia yesterday, in consultation with Dr. Clippinger of this city, which, by promptly turning, terminated thus far safely both to mother and child.

It was the fourth child of a healthy mother. Having been in labor twenty-four hours, Dr. C. was called, who found, upon examination, the membranes protruding, with a well-dilated os uteri. Upon the first pain after his arrival they were ruptured,

which revealed the placenta filling up the os uteri. As there was already some hemorrhage, I was called in consultation, and upon examination, found as Dr. C. described, a presenting placenta. Above and just under the pelvic arch, the head was presenting. The placenta was partially adherent to the posterior part of the neck of the uterus. We decided an immediate turning and delivery, and the patient being placed in proper position, Dr. C. introduced his hand, and in a very skillful manner grasped the feet and delivered the child in five minutes' time. The child was resuscitated with a good deal of difficulty, but to-day seems quite well and healthy. The woman lost but little blood, and has every prospect of a speedy recovery. Would not a less prompt practice have endangered the life of both mother and child?

From all that I have read, and all that I have seen, I am persuaded that no physician should hesitate a moment, in all cases of placenta prævia, to turn and deliver in the most prompt manner. In no other, are delays so dangerous. Death may ensue from a single gush of blood in these. It should then, I think, be laid down as an axiom in obstetrical practice, to deliver without delay in all cases of *placenta prævia.*

ARTICLE II.

ACUTE HÆMATEMESIS; DEATH ON THE EIGHTEENTH DAY; ULCERS ON THE MUCOUS MEMBRANE OF THE STOMACH.

BY B. F. SCHENCK, M.D., LEBANON, PA.

1855. Kathinka Weber, aged sixteen years, is the daughter of German parents, living in this country about three years. The father is perfectly healthy; but the mother has a complete tubercular diathesis, and is a regular, standing patient. Three or four times a year she gets scrofulous inflammation of the lungs; has an incurable albuminuria; and, as though this were not enough, she has, every three or four weeks, either a violent menorrhagia, an agonizing facial neuralgia, or an attack of spasm—of an hysterical nature—affecting every muscle of the

body, during which she is as rigid as a board, and wholly unconscious, often for a period of six or twelve hours. From all these various attacks—delicate woman as she appears and actually is—it is always a matter of surprise that she ever recovers. There are two boys, aged seven and twelve years, rather pale and sickly-looking, the younger of whom, for four months after leaving the ship, had incessant vomiting—a sort of chronic sea-sickness; and two girls, the eldest about twenty years of age, both of them very fresh and rosy.

During the cherrying-time, Kathinka, being out with some young companions, fell from a tree, a height of twelve or fifteen feet, but was so little hurt that she walked home, a distance of three miles. After this, her only complaint was of pain across the stomach, not severe, but persistent. She, however, kept a good color, and had an excellent appetite, as usual.

On the afternoon of August 22d, she suddenly felt sick at stomach, and before she could help herself, threw up nearly two pints of liquid blood and coagula, of a dark color. She vomited twice more on the same afternoon, and each time fully a pint. After the prostration incident to the hemorrhage had passed off, she became highly feverish, complained of pain in the hepatic region, and had a furred tongue, with great thirst. Without thinking immediately of the fall, I attributed the symptoms to hepatic or splenic congestion; and the full, vigorous pulse appearing to indicate V. S., I drew Oi. blood, gave 10 grs. calomel, to be followed by sulph. magnesia, and allowed ice freely. She now began to improve, when, on the morning of the 26th, she again vomited three times in the course of an hour, and very copiously; constant nausea; the following night passed several dark, tarry stools; on 28th, vomited again twice, very largely, coagula looking quite black. Since the 26th, has been taking tinct. chlorid. iron; on 28th, substituted pb. acetat. 1 gr., opium, $\frac{1}{8}$ gr., every hour or two.

29, 30, 31. No vomiting, but constant nausea. Epispastic to stomach, and morphia endermically. Evening of 31st, vomited once; saw her in consultation with Dr. Marshall. The liquid just ejected did not look at all like blood, but like a disorganized animal fluid—dark and dissolved. Floating in this

liquid, which amounted to nearly a pint, was a large, white, ovoid mass, about two in. long by ¾ in. thick, smooth and pretty firm, along with a number of smaller whitish particles of the same kind. At first sight, it resembled coagulated milk; but the patient had not taken any milk for several days. It was also much more dense, approaching the cerebral substance in character. After close scrutiny, we pronounced it to be either encephaloid matter, or a softening tubercular mass. But whence could it come? The only probable source would be the liver. How? Perhaps through an abscess of this organ communicating with the stomach; but of this we have no evidence, the patient having discharged no pus either way. Perhaps the fall has lacerated the liver, which, being glued by the adhesive inflammation to the stomach, would offer this intercommunication. But admitting all this, and assuming this mass to be tubercular matter, would so large a deposit of morbid products as this sample necessarily presupposes, be consistent with the state of perfect health which the patient enjoyed up to the moment of attack?

Sept. 1. Vomited again once, this morning, a dark liquid, resembling that of the previous evening. Acid. sulphuric. aromat., twenty drops every two hours.

Sept. 2. No vomiting; constant nausea and retching. Bowels not moved for three days past; turpentine enema.

Sept. 3. Vomited this morning about half a pint of coagula, of a bright red color, showing the blood to have been of recent effusion, and not yet acted on and colored by the gastric juice. Completely foiled, I returned again to acet. lead and opium. Nausea all day; turpentine enema, but no motion.

Sept. 4, 5. Incessant retching and nausea; brings up occasionally a little bile. Has a craving for hot drinks. Gave creosote, one drop every three hours. Obstinate constipation, in spite of repeated enemata. Very severe pain in the stomach, which is somewhat tumid.

Sept. 6, 7, 8. Gradually getting worse. Abdomen tympanitic. On morning of 7th, had five greenish, inodorous, copious passages. Abdominal pain and distension very much increased;

"felt as though she must burst." Died on the morning of the 8th, with her mind clear to the last moment.

Autopsy, twelve hours after death.—The abdomen was extremely tumid and tense. Proceeding to raise a triangular flap, from the sternum down towards the crest of the ilium on each side, upon the first incision into the peritoneal cavity on the left side, a large gush of yellowish serum escaped. Upon completing the division, a voluminous mass of intestine burst through the opening, consisting of colon, jejunum and ileum. Looking naturally first for the stomach, it was found closely pressed up against the diaphragm. Removing it from the body, it was seen to contain several ounces of green liquid, apparently more than half bile. The coats of the organ were very much thickened—feeling not unlike the softest buckskin leather, and of a dull white color. The folds of the mucous membrane were very prominent; and the posterior aspect of the stomach presented, over a considerable portion of its mucous surface, a very minutely speckled appearance, resembling, as observed by Andral, that produced by scattering fine grains of powdered vermilion upon a moist sheet of white paper. These dots were very closely set together, and may have been one source of the hemorrhage, if we suppose the blood to have escaped by exudation, in consequence of great capillary congestion. Directly opposite, upon the mucous membrane of the anterior surface, were several ulcers, in various stages of progress. Two, especially, looked quite recent, appearing as though the mucous membrane had been dug out, and were of the diameter of a goose-quill. Another of the same size, but older, was directly in the course of a small bloodvessel, and had a bluish color, and a somewhat glazed appearance, as though cicatrization had commenced.

The liver was next examined. Beyond a considerable enlargement and congestion of the organ, there was no evidence of disease or injury. The gall-bladder was very full of bile; and the transverse colon, where it rests below the liver, looked as if stained, of a bright chocolate, or tinct. iodine color. The spleen presented no appreciable lesion. The heart was healthy. The lungs showed no trace of tubercles, and upon incision exuded merely a reddish, frothy serum.

Since the death, I have been told by the parents, that when the deceased girl and her elder sister were about the ages of five and nine years, the following incident occurred. Friction matches were kept for sale in the house; and the warmth of the sun through the window glass, it was supposed at the time, had caused the phosphorus compound to soften, and run from the matches on to the paper in which they were wrapped. The composition from at least as many as two of our ordinary match boxes full, I have been assured, had thus accumulated upon the wrappers, and being found by these children, was eaten by them for sugar. They, however, soon sought their mother, to tell her that "it was queer sugar, for it burned them." No vomiting was produced; sweet milk was freely given, and as the children did not sicken, no further attention was paid to the matter. But, I am told that both girls have since then had much complaint to make of pain and epigastric uneasiness; and the surviving girl was under my care last winter for an attack of severe epigastric pain with great swelling, which yielded mainly to poultices and tart. em. oint. Can the phosphorus eating be regarded as the cause of these ailments, and of the death?

ARTICLE III.

SURGICAL CASES OCCURRING IN THE MERCY HOSPITAL OF CHICAGO, DURING THE COLLEGE SESSION OF 1856–7.

PROFS. J. W. FREER AND H. A. JOHNSON, SURGEONS.

REPORTED BY C. N. ELLINWOOD, ASS'T.

1. Case of Gun-shot Wound—Death. Care of Dr. Johnson.

2. Two cases of Ununited Fracture of the Femur. Treated by Dr. Brainard's method, successfully. Care of Dr. Freer.

3. Case of Fracture of the Tibia, ununited at eight weeks. Care of Dr. Johnson.

4. Case of Fracture of the Femur in a Boy. Speedy union. Care of Drs. Freer and Johnson.

5. Two cases of Varicose Veins. Treated by transfixing the Veins with the twisted suture. Care of Dr. Freer.

6. Case of Poplitœal Aneurism. Treated by ligature of the Femoral Artery. Recovery. Care of Dr. Freer.

7. Two cases of Phlegmonous Erysipelas. Care of Dr. Freer.

8. Case of Colloid Cancer, involving the Knee Joint. Amputation at the Thigh. Recovery. Care of Dr. Freer.

1. *Case of Gun-shot Wound, lacerating the soft parts and mangling the bones of the Fore Arm.*—Mike White was admitted into the hospital, Nov. 3d, at 9½ o'clock P. M. The accident occurred fourteen miles in the country the same afternoon at three o'clock. The immediate shock to the system was not severe. The hemorrhage was profuse. A ligature around the arm was soon applied, which in part suppressed it. He was brought to the city on a hand-car, and had drank freely of whisky during the time. On arriving at the hospital, the extremities were cold, pulse feeble and slow, and a prostration of the system. The hemorrhage was suppressed by compression. Efforts made to induce a reaction, preparatory to an operation, all of which failed, and at three o'clock the following morning he died.

2. *Ununited Fracture of the Femur.*—D. F. fractured his femur two inches below the trochanter major, very oblique, on the 1st of September.

Dec. 17*th.* No union had taken place; a shortening of two and a half inches; a curvature outwards, and a perfect mobility of the fractured extremities of the bone.

Dr. Brainard's new operation for the treatment of ununited fractures was performed with a small sized perforator. The perforations were much between the fractured surfaces, and in three directions, into the extremities of the bone. Splints retaining the limb in the straight position, and extension and counter-extension, were applied. A slight soreness of the part for three days was all the effect complained of by the patient.

Jan. 3*d.* Perforations repeated, as before, with a larger instrument.

Jan. 29*th.* Perforations repeated, between the fractured surfaces only.

Feb. 10*th.* The union of the bone has taken place. Extension taken off, and a starch bandage applied.

Feb. 20*th.* Able to get up on crutches.

Feb. 25*th.* Walks the ward comfortably. The shortening is not so great, as a high heel on the boot makes the limb long enough. The only difficulty remaining, is a stiffness of the knee joint, which is fast yielding.

3. *Fracture of the Tibia.*—At the expiration of eight weeks, the patient, Peter F. was admitted to hospital, November 10th, with no union of the bone. His general health was poor. He had been confined to a small room, a typhoid atmosphere, and poor diet. The flesh was flabby, and several abscesses had formed, one extending to the point of fracture, which were discharging pus. Subsultus tendinum well marked. He was put upon a good diet, one-twelfth of a grain of strychnine three times a day, and the limb placed in a fracture box. Stimulating injections into the abscesses; under which treatment he continued to improve.

Dec. 22*d.* But little discharge of pus, and a considerable callus thrown out around the point of fracture.

Feb. 1*st.* The patient is able to lift the limb around, and says it is quite strong.

Feb. 15*th.* Is able to get up and down stairs, and bear a considerable weight on the leg.

4. *Fracture of the Femur in a Boy—Speedy Recovery.*—Billy, aged five years, admitted September 24, with a fracture of the thigh, about the middle. The accident occurred the day previous, several miles in the country. The member was dressed in the straight position, with simple splints. In making the counter-extension, some difficulty was experienced from the perineal band and the urine, causing excoriations, to which an application of

℞	Glycerine,	f ℥iij.	
	Soda bor.,	℥i.	
	Tannin,	gr. xv.	M.; was made twice a-day.

Nov. 1*st.* Dressings removed, and the bone found to be united.

Nov. 5*th.* Able to walk; no perceptible shortening.

5. *Two cases of Varicose Veins, treated by transfixing the Vein with Twisted Sutures.*—These were cases of laboring men, whose employment had been with the shovel. No effect

being derived from compression and the horizontal posture, the veins were enclosed within needles, and the circulation entirely cut off by means of a ligature, with a view to the obliteration of the vessel.

First case, of D. B. The internal saphena vein was operated on in this way, three needles being used, Dec. 2d. Dec. 13th. needles withdrawn, a considerable ulceration having occurred. Dec. 19th, discharged, cured.

Second case, of P. H. The same operation performed, Feb. 2d, with the same result.

6. *Case of Poplitæal Aneurism, treated by Ligature of the Femoral Artery—Recovery.*—M. D., admitted Dec. 21st. Compression had been applied before coming to the hospital without success. The operation of ligature of the femoral artery was performed, and the patient kept moderately under the influence of opiates.

Jan. 15th. Ligature came away, wound healed kindly, and no unpleasant symptoms follow the operation.

Jan. 20th. Discharged.

7. *Two cases of Plegmonous Erysipelas.*—T. G., admitted Nov. 21st. Erysipelas of foot, commenced from the chafing of a boot, three days before, and is extending up the leg, now nearly to the knee; pulse 96, compressible; constitutional symptoms severe.

℞ Quininæ sulph., gr. iij.; opii, gr. i., M., every two hours; and ℞ Iodine, gr. xx.; iodide potass., ʒss.; aqua, f ʒj.; M.; apply to entire diseased surface once a day.

Nov. 23d. Constitutional symptoms subsided; free discharge of pus.

Dec. 1st. Presents the appearance of deep ulcer. Stimulating ointments applied.

Thos. B., admitted Dec. 23d. Erysipelas, originating in a wound in the leg, by a sharp instrument, five days before entering the hospital. A large abscess had formed beneath the superficial muscles, which was freely opened, and a perfect coating of collodion put around the limb above the appearance of the disease, and for three days was given, ℞ Quinia, gr. iij., opii, gr. ½, every four hours.

Jan. 5th. Discharged, well.

8. *Case of Colloid Cancer, involving the Knee Joint—Amputation—Recovery.*—O. H., aged thirty-three years, admitted Feb. 7th, with malignant disease, involving the upper half of the tibia and the condyles of the femur. Amputation at the thigh performed, Feb. 9th. The operation was very well borne. The wound healed in part by the first intention.

Feb. 17th. A considerable discharge of sanies from the stump.

Feb. 20th. Ligatures came away. Stump almost entirely healed. No appearance of the return of the disease. Patient feels "very well."

ARTICLE IV.

CASE OF ERYSIPELAS NEANATORUM.

BY F. K. BAILEY, M.D., JOLIET, ILL.

Was called on Tuesday, P. M., May 26th, 1857, to see a female infant, six weeks old, which had for two or three days preceding been afflicted with convulsive jerkings of the limbs and muscles of the trunk, with fever, restlessness, and other unfavorable symptoms.

During the forenoon of the same day, the mother had placed the child in a warm bath, and within an hour, its body, from the umbilical region to the pubic, was covered with an erysipelatous eruption, with considerable swelling about the hips and genital region, and increased heat over the whole surface affected.

On my arrival, there was burning fever, rolling of the eyes, and convulsive startings. Pulse frequent, and very feeble; tongue covered with a white coat from the base, to within a half an inch of the lip, (which space was very red), with inflamed and elevated papillæ. The conjunctiva was congested, and the countenance bore every mark of approaching convulsions. The bowels were constipated, stomach irritable, with occasional vomiting, and eructations of an extremely acid nature. Directed warm applications to the inflamed part, with cold to the head. To apply mustard fomentations to the pit of the stomach, and

feet; and to place the little patient in a warm bath, should convulsive appearances continue. Prescribing small powders of hyd. cum. creta, pulv. Doveri, and sul. quinia, every two hours.

Wednesday Morning, 27*th*. Less fever, and more quiet. Eruption has extended to the knees, and also reached the upper part of the body, but less red than at first, with a marked diminution of heat. To continue powders, with wine and water. To apply mucilage of slippery elm to the inflamed surface, with strict injunctions to keep the head cool.

Evening. There has been but little fever through the day, but the stomach more irritable, eruption slowly extending, but less malignant. Free alvine evacuation during the day; convulsive symptoms diminishing. To take pulv. Doveri and sul. quinia every two hours, with wine, through the night.

Thursday Morning. Constitutional symptoms relieved. Redness has extended to the feet, with occasional spots upon the face and scalp. Stomach so irritable, as to compel a discontinuance of the powders during the night, but the wine was tolerated. To continue the same course of treatment, if the stomach would retain medicine, and to give bath, one in six or eight hours, in water about 70°.

Friday Morning, 28*th*. Found feet and legs much swollen; the fulness about the hip much as at first, and considerable tumefaction around the eyes, and nearly closing those organs. Appearances on the whole rather unfavorable, and apprehensions of a fatal termination increasing. No fever, but the child is very restless, and fretful. Seems to suffer greatly both from the local disease, and from constitutional depression. To continue wine, and to give the powders as before, if the stomach will tolerate them. No more movement of the bowels, nor is anything in that direction desired. The warm bath to be used as occasion may require.

Saturday Morning, 29*th*. Still feeble, but the swelling and redness on the hips and parts adjacent subsiding. To continue treatment as directed yesterday.

Sunday, 30*th*. General appearances much more favorable. No fever, swelling continues in the feet, but nearly gone from

the body. Noticed a small tumor upon the scalp, in the occipital region.

Monday, 31*st*. Redness and tumefaction nearly disappeared. No convulsive appearances, and takes the breast as well as ever.

Friday, *June* 4*th*. Desquamation commencing. The swelling upon scalp subsiding. To take sul. quinia in small doses three time daily.

Tuesday, 8*th*. The original morbid appearances have entirely subsided. The left knee, however, is much swollen, and the tendons in the poplitœal space contracted. The joint so painful as to make motion impossible. There is also a lump two inches below the patella of the same limb, upon the anterior face of the tibia, and appearing much as that upon the head. Applied diluted tincture iodine to the tumor, and directed poultices, with a little tr. opii added, to be applied to the knee. To continue quinia, and to take small doses of comp. syr. sarsaparilla, in which a few grains of sod. potass. had been dissolved, three times daily.

June 17*th*. Made free incision in the knee, and pus freely escaped. The child has improved in health since last report, notwithstanding the suppurative process going on in the knee. From this period, nothing occurred to impede recovery, and in a short time the child was entirely well.

The disease of which the above case is an instance, is mentioned by many writers, and all concur in its being rare, and generally fatal. The fact of its rare occurrence, and the ultimate favorable issue of the case, rendered it deeply interesting to me; and so much so, that I decided to send a copy of my notes to the *Journal*. Before closing, it may not be amiss to mention one or two facts not noted as they occurred, but which may not be uninteresting. The mother, though apparently enjoying usual health, is rather delicate, and subsequent to the birth of the child, had occasional attacks of ague. To combat this condition, she had taken nothing until after the child was taken sick, but some homœopathic medicines, which will be generally considered equivalent to doing nothing at all or neglect of interfering with disease. As she secreted a liberal quantity of milk, and the child had depended upon that source

for nourishment, and was still nursing, when able to do so, it occurred to me that a liberal diet, with brandy punch taken as freely as the stomach and head would bear, was indicated in the case of the mother. The above course was adopted, and to all appearances should claim a good share of the credit in the cure of the child. The mental and physical condition of the mother while nursing an infant, should always receive attention, and especially while the infant is laboring under a severe constitutional disease.

A woman of nervous temperament, and whose feelings and sympathies are excited to such a degree as both to deprive her of appetite for food, and ability to sleep, must communicate a very depressing influence to the little being who derives its only sustenance from her breast.

I have for years been in the habit of directing attention to the condition of the mother under circumstances such as are above mentioned. Dr. Condie, in his work upon disease of children, has referred to this, and others have also mentioned the importance of attention in this direction; still, practitioners are not sufficiently aware of these demands upon their notice. The state of the mind is of equal, if not greater, importance than that of the physical organization, because grief, anxiety, and suspense, will influence the secretion, not only of milk, but that of many other organs. These remarks will apply in cases of cholera infantum, diarrhœa, and other exhausting diseases of children, when much depends upon the kind and quantity of nourishment.

ARTICLE V.

AN UNSUCCESSFUL CASE OF ACUTE SPINAL MENINGITIS.

BY DR. ROSS C. RUSS, OF ROYALTON, INDIANA.

Why not sometimes report the unsuccessful as well as the successful cases in our practice?

I was summoned, on the morning of the 4th of January, 1858, to Jasper Montgomery, aged three years.

PRESENT CONDITION.—I found him lying upon his left side,

with rigid contraction of the muscles along the spinal column; the head drawn backwards towards the sacrum, in the form of an arch—in technical language, opisthotonos; tenderness, on pressure, over the region of the cervical vertebræ; excruciating pain, when attempted to move in bed; tongue coated with a yellowish white fur, with redness around the tip and edges; hurried respiration; pulse about 100 beats to the minute; hot skin; anorexia; bowels somewhat constipated, etc.

Previous History.—The mother stated her child had previously enjoyed very good health, until about a week since. He complained of pain in his back, walked with some degree of difficulty, and was seized with retching and vomiting, when a physician was called. Said he had worms; administered some cathartic and anthelmitic medicine, without any marked success.

The patient was put on the following treatment:

℞ Sub. mu. hyd., grs. vi.
Dover's powders, xij.

Mix. Divide into six powders; one to be taken three hours apart.

This treatment was persisted in, with blister to the spine; refrigerant drinks *ad libitum*.

This patient succumbed, and died in forty-eight hours from my first visit. Autopsy could not be obtained.

Query—If it was not acute spinal meningitis, what was the disease?

ARTICLE VI.

MALFORMATION OF THE LOWER EXTREMITIES.

To the Editor of the Chicago Medical Journal.

I have one remarkable case of anomalous structure to report, which, I hope, may not prove uninteresting to your readers.

On the 13th of December last, a woman, after an easy and natural labor, gave birth to a healthy female child. Through the care and attention of the parents, the infant has grown

rapidly, is well developed, and, had not nature, by some freak, rendered it a cripple, would indeed be a fine perfect child.

The lower extremities of this child are each, as regards the knee joint, like the hind legs of quadrupeds, or rather like the arms of man. The patella are both wanting, and in their place is something like the poplitœal space, in place of which latter is a kind of elbow, so that with this joint the child can make with its legs the same motions towards its head as with its arms.

But all motions of the feet backward, as in walking, are of course impossible. The hips, and all the joints below the knee, are perfect. The growth of these limbs is symmetrical with that of the rest of the body; their sensibility is perfect, and their motions very active, which would lead one to suppose that their nervous and vascular systems are in a healthy condition.

It must be a matter of curiosity to the anatomist to know the course, origin and insertion of the muscles of these limbs, for nature must have placed them in peculiar relation with each other as well as with the arteries, which cannot be traced in this portion of the limbs.

The parents of this child, and also their two other children, are perfectly healthy. The mother, during her pregnancy, noticed nothing in her state of health, which could account for the singular malformation of her offspring. Neither can she account for it by fright, or sight of any child deformed like her own.

We have here evidently a case of deformity which is neither to be removed by the knife nor by orthopœdic apparatus. I have, however, ordered both limbs to be enveloped quite firmly with bandage, in order to prevent, as much as possible, all motion of the legs forward, and it appears to me that I have in part at least attained my object; but the further results of my treatment, I will report hereafter.

D. H. ADAM,

Chicago, Jan. 11, 1858. No. 119 South Wells Street.

ARTICLE VII.

TRANSLATED BY DR. BYFORD.

SWEET MILK A REMEDY FOR DROPSY.

In a Warsaw medical journal, a treatise with the above caption has made its appearance, which we think should have a more general circulation.

If it should be said that our Materia Medica is already rich in remedies for this disease, we should at least welcome a remedy so simple and that may be used in almost any case, even when other remedies justly prized are not applicable, or may have failed. According to the author of this treatise, (Dr. Milosz), as he states in his introductory remarks, dropsy is for the most part but a symptom or result of many chronic cachexia and organic degenerations, which, when sufficiently developed, are beyond the reach of our skill by the use of ordinary remedies, but which he thinks are often curable by this simple remedy. He seems not to have been the first to use and recommend milk for this affection, but a paper written by Dr. Serres, in Cayol's *Revue Medicale*, 1856, recommending it, induced him to use it, and he now adds his own experience and observation upon its operation, and recommends it in the highest terms to the profession. Dr. Milosz has used milk exclusively in different forms and grades of dropsy, and with the exception of one case of *hydrops universalis* in an old cachectic man, with the very best results. The case was of a man, aged sixty years, with an ill-defined and obscure thoracic disease of a chronic character, who died six months after the remedy had been tried. The rest treated by him all convalesced, and, at present, after the lapse of several years, show no signs or trace of the disease. In the most cases, treatment was immediately begun with the milk, and in some it was resorted to after other means had been used in vain. In but a single case was diuretics and roborants useful. The milk was used exclusive of all other ingesta, uniformly and well borne by the patients, who nearly all were country people, and only when the quantity was increased up to six or eight quarts per day did it become disagreeable and was refused. The

excretions, from the kidneys, alimentary canal and skin, were always augmented to a considerable degree. It should be added, the cases treated could with propriety be traced back to rheumatic affections, or imperfect hematosis from deficient nourishment, without any apparent organic alterations.

We will here give some of Dr. Milosz' detailed cases, which seem to favor his statements.

No. 1. A man, sixty-eight years of age, took cold in January, 1853, while working out doors. He lost his appetite, and felt fatigued and oppressed. In a short time, œdema of the feet was succeeded by general dropsy. In the opinion of our author, his condition was quite critical, and he resolved to confine him to a half glass of sweet milk, morning and evening, and withdrew every other sort of alimentary substances. This produced increased alvine evacuations; and, as the quantity of milk was augmented, the kidneys were excited to copious secretions. The quantity was gradually enlarged until it reached sixteen pounds daily, upon which disgust made it necessary to somewhat lessen the dose. After three weeks, the dropsy had entirely disappeared, and the patient, in good health, returned to his home and employment.

No. 2 is a country woman, who fell sick in the latter part of her pregnancy as the result of cold, with pluerisy, which was followed by œdema of the feet. After her confinement, she was affected with inflamed breasts, which lasted for sometime, when general dropsy was developed, which, at the beginning, was treated with diaphoretic and antiphlogistic remedies without any good effect. She now began to take sweet milk, which was gradually increased in quantity, until she took two quarts in the twenty-four hours, with so much benefit, that, in six weeks, there was not a trace of the affection left. A decoction of juniper berries and aromatic wine of iron were given to the patient to take home, as accelerators to convalescence. Here the author remarks, that the circumstances of the patients may sometimes prevent the administration of a large quantity of milk, and that three glasses a day, constantly given, will often accomplish the desired end.

No. 3 was a poor widow, fifty years of age, affected with

plica polonica; after being exposed to cold, she was attacked with general dropsy. She was subjected to the milk-cure for five weeks with the best results. The kidneys and skin, and in a less degree, the alimentary canal, were all quickened in their excretory capacity.

No. 4 was a farmer, aged about sixty years, of cachectic appearance, who had, for a long time, labored under pulmonary catarrh. He was attacked with pneumonia, which was treated by bleeding, nitre and tart. ant., and apparently cured; but, during his convalescence, after a dysenteric diarrhœa, he became universally dropsical in a high degree. With little hope for a cure, the milk treatment, which had so often proven useful, was tried. After a few days, the distressing sense of suffocation, which gave him great suffering, was very much relieved, and in three weeks the treatment was withdrawn on account of the amelioration of the symptoms; and although it was twice necessary to recur to the remedy, a complete cure followed. He left the hospital, and died one year after, of the epidemic cholera.

The author assures us that he could bring many other cases in proof of the excellent effect of milk in dropsy, but thinks the above are a sufficient number of examples to justify a trial of it by others. How the milk operates he will not pretend to conjecture, but thinks there is no more obscurity in this respect than rests over the *modus operandi* of digitalis, squills or most of the approved anti-hydropic remedies. Some of his neighboring physicians had used the milk-cure without uniform effects, but he did not think their experiments in the least degree rendered questionable the usefulness of this valuable means of cure. At most, they only prove the necessity for further observation and experience to determine more precisely the indications for its administration, in order to make its effects uniform and reliable. In conclusion, the author states, that the milk should in the most of cases be administered very warm. We refrain from making any further remarks in regard to the above essay, only stating, that it is equally simple with the renowned citron cure. We may also mention that recently from other quarters we have heard of cases of dropsy cured by sweet

milk. Let it be tried and reported upon.—E. K., *Med. Zeitung, Russlands.*

COLLODION AS AN ERECTOR OF FLAT, UNDEVELOPED NIPPLES.

By coating the vicinity of the nipple, in a circle of an inch and a half wide, with collodion, the compression effected during the contraction of this adhesive material, will cause the nipple to be protruded sufficiently to allow of convenient nursing when otherwise it would be entirely impracticable. There should be a space of half an inch of the areola around and near the nipple left uncovered by the collodion. It is well known that if the nipple can be drawn until the tumefaction of the mamma somewhat subsides, there will be no further trouble, and it is believed this simple means will often relieve us of much anxiety upon this score.—*Ibid.*

VALERIANATE OF AMMONIA FOR EPILEPSY.

In Salpetriere and the Bicetre at Paris, the following formula has been much used for years:

℞ Aqua distill., pts., 95
Acid valerian, " 3
Sub.-carb. ammon., Q. S., ad. neutralis acid adde.
Ext. alcoholic valerian, pts., 2.

Mix. Dose, teaspoonful three times a day.—*Revue Medico-Chirurgicale.*

GLYSTERS OF ALUM FOR DYSENTERY, BY DR. HAMON.

In two epidemics of dysentery, the author has used alum very profitably. To children under ten years of age, he gives injections, containing—owing to the difference in age—from 15 to 45 grains in solution. To grown persons, he administered from 60 to 120 grains at one injection. The patient should remain perfectly quiet on the abdomen or right side after receiving the glyster, and retain it as long as possible. The alum is astringent, irritant and disinfectant in its action. The offensive and putrid evacuations become entirely odorless after a few such injections.

When the disease is in its earliest stages, a few injections he found to be enough to effect a cure, and it was always beneficial. In one parish, in which there were thirty-five patients, all recovered; and in another of forty, only two died, and they were quite old people.—*Schmidt's Jahrbucher.*

BELLADONNA FOR INCONTINENCE OF URINE.

A female child, nine months old, had been affected with incontinence of urine from birth. The urine continued constantly to dribble away, and the clothes of the little patient wet with this irritating secretion.

The urine was clear, slightly acid, and without any abnormal sediment. The patient commenced 10th February, 1857, 1-24 of a grain of extract of belladonna, three times a day, and gradually increased it, until March 12th, she was taking 1-12 grain, and so continued up to 26th of May, when she was so much better, that sometimes three or four nights would pass without her passing water during the whole night. Iron was now added to the belladonna, and the recovery henceforth was so complete, that the patient had complete control of the discharge; but it was necessary to continue the remedies much longer, before the irritability of the bladder was subdued, as it yet returned so soon as the belladonna was withdrawn.—*Ibid.*

EXPULSION OF A UTERINE POLYPUS, UNDER THE CONJOINT INFLUENCE OF ERGOT AND BELLADONNA,

BY DR. BEZENCENET.

After the author had given ergot to expel a polypus which appeared at the os uteri, with no other effect than pain and a closure of the mouth of the womb on its contents, he gave an injection per vaginum of the infusion of belladonna, so as to bathe the os in that fluid pretty thoroughly. After this, with the continued use of the secale, he had the satisfaction of seeing on the second day the polypus completely expelled from the uterine cavity. Dr. Beck has also seen the same result follow from these means in one case.—*Ibid.*

BOOK AND PAMPHLET NOTICES.

HUMAN HISTOLOGY, in its Relations to Descriptive Anatomy, Physiology and Pathology, with Four Hundred and Thirty-four Illustrations on Wood. By E. R. PEASLEE, A.M., M.D., etc. etc. "Maxime in Minimis." Philadelphia: Blanchard & Lea. 1857.

The invention of the microscope opened to naturalists new fields of study, revealing forms both animate and inanimate, which had hitherto been entirely unknown; but it is chiefly in the world of life that this instrument has presented the most interesting as well as most useful results. It has become as necessary to the student of anatomy as his dissecting case; while, to the pathologist, it is almost a *sine qua non* in the investigation of the morbid elements, forces, forms and functions with which he has to do.

It has created, indeed, a new department of our science, occupying the intermediate ground between the coarser normal and morbid anatomy on the one hand, and rational physiology and pathology on the other. It is to this department that Dr. Peaslee has mainly devoted his work; while, at the same time, he has not ignored the intimate relation existing on the one hand between forms and elements, and on the other, between forms and functions. The work, indeed, comprises histology, combined with much that is valuable in organic chemistry, physiology and pathology.

The following plan of the work will enable our readers to form some opinion of what it comprises:

First, we have stœchology, comprising the classification and description of the simple chemical elements and of the immediate principles which enter into the composition of the fluids and tissues of the body.

The first division of this part is devoted to the simple chemical elements.

The second division to the immediate principles. These he divides into two groups; the first of which consists of those of mineral origin, and those formed within the body by dis-assimilation. The second group consists of organic or coagulable principles.

The second part of the work is devoted to histology; comprising, first, the simple forms of matter, membranes, fibres and cells; their development, distribution, functions and pathological conditions. Second, hygrology, or a description of the fluids of the body, including the lymph, chyle, and blood; the serous secretions and transudations; mucous and glandular secretions, and the cutaneous secretions. Third, the tissues, in the following order: Epithelium, nails, and hair; yellow fibrous tissue, white fibrous tissue, areolar tissue, adipose tissue, cartilage, osseous tissue and the bones, dental tissue, the teeth, muscular tissue and the muscles, nervous tissue and the structure of the nervous system, the membranes, the vascular system, the alimentary canal and its appendages, the urinary apparatus, the sexual organs, the respiratory organs, the blood, vascular glands, and the organs of the senses.

The illustrations are good, and add very much to the value of the work.

This volume meets the wants of the profession, and we heartily commend it to all those who would become thoroughly acquainted with the minute and beautiful structures of the human body. J——

A Manual of Medical Diagnosis, being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., *Cantab. et Edin.*, Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital, etc. etc. Philadelphia: Blanchard & Lea. For sale by W. B. Keen, Chicago.

Dr. Barclay's ample opportunities for practising and verifying physical diagnosis are well known to many of the profession. And he has made good use of his opportunities, as every one will attest who may avail themselves of the privilege of reading the above volume. Look at this volume, and then recur in your memory to the condition of this all-important branch of pathology twenty-five years ago, and say that the science of medicine does not keep pace with any of its sister sciences! With the appliances now available to penetrate the innermost recesses of man's nature — the ophthalmoscope, auroscope, stethoscope, urinometer, chemical tests, etc. etc., to say nothing of the more philosophical mode of handling the rational symptoms of disease—will show improvements in this department of

pathology correspondingly great indeed. Dr. Barclay has brought all these improvements to bear upon the diseases included in his work with admirable aptitude and benefit. We can do nothing more with the space allowed us than to recommend our professional brethren to procure a copy, if they do not wish to fall behind in the forward rush of mind in this direction. It contains about 325 pages, much of which is in quite fine print, but it is executed in Blanchard & Lea's best style, so that it may be read with facility.

THE ANNIVERSARY DISCOURSE before the New York Academy of Medicine. By J. MARION SIMS, Surgeon to the Woman's Hospital.

On the 18th November, 1857, Dr. J. Marion Sims, Surgeon of the Woman's Hospital, New York, delivered an anniversary discourse before the New York Academy of Medicine on the subject of "Silver Sutures in Surgery," in which he claims, "THAT THE USE OF SILVER AS A SUTURE IS THE GREAT SURGICAL ACHIEVEMENT OF THE NINETEENTH CENTURY."

Dr. Sims claims to be the discoverer of the silver suture, and to have used it first, June 21st, 1849.

A claim so broad, brought forward by the alleged discoverer, in a century which has witnessed the discovery of the use of anesthetics in surgery, subcutaneous division of tendons, etc., is well calculated to create surprise among all those familiar with the history of surgical operations.

Dr. Sims did not invent the silver suture. We do not undertake to decide who invented it, but we know that Deiffenbach used it in his operations on the palate, but seems to have preferred sutures of leaden wire, which, since his time, have been very generally adopted. Dr. Metteucci, *American Jour. Med. Science*, vol. xxi., p. 216, in an excellent article on palate sutures, gives the preference to lead.

Dr. Sims, in this discourse, abandons the peculiarities of his operation as formerly published, in every essential respect. These peculiarities consisted in the use, 1st, of a "clamp" or metallic head fixed on the wire; 2d, in placing the patient on the face instead of on the back during the operation. At present, the only peculiarity claimed by Dr. Sims is in the use

of silver wire instead of leaden wire. It is probable that further experience will induce him to follow the practice of Deiffenbach, and resort to the use of lead. Dr. Brainard has already used leaden wire in three cases of operation for vesico-vaginal fistula with success.

The use of the metallic head on the ligature, for the purpose of fetching the edges together, is not new, and had been tried long ago. In a case of cleft palate, operated by Sir Philip Crampton, Mr. Maclean applied them. They do not seem to have been of any particular service.

The object of this discourse seems to be mainly to reclaim priority in this operation against Dr. Bozeman, who had adopted and claimed to have improved on Dr. Sims' method. It appears to us that, in this reclamation, Dr. Sims has the show of justice on his side; but, perhaps, if both sides were heard, it might change the aspect of affairs.

While we applaud the enterprise and success which has originated and crowned the Woman's Hospital movement, we are not able to see the justice or wisdom of the claims set up by Dr. Sims. Perhaps he would conceive any suggestions as intrusions; but, at the risk of that, we take the liberty of stating, that the method recommended by Dr. Sims for introducing the stitches is exceedingly imperfect. There are several instruments by which this part of the operation can be much more easily done.

We would also suggest, that the use of a flat leaden wire will, in all probability, be found preferable.

Finally, it is due to the public and the profession, that such a report should be made of the cases treated in the Woman's Hospital, as to enable us to know to what extent the treatment therein used is superior to that in general use. For it is, we presume, the result of the experience of every surgeon who has undertaken the treatment of these cases, that moderate-sized openings, without loss of substance, are easily cured, and that destruction of the vesico-vaginal wall to a great extent is incurable. We should be pleased to learn where the line of demarkation runs in the cases treated in the Woman's Hospital.

In the March No. of the *North-American Medico-Chirurgical Review*, we find a paper by our friend, Dr. E. Read, Terre Haute, Ind., on the Mortality Statistics of the United States. "Mr. DeBow, the Superintendent of the Census Bureau, invoked the aid of Dr. Edward Jarvis, of Massachusetts, to classify the variously-named diseases which were found upon the marshal's returns." A large part of the diseases mentioned as the cause of deaths in the marshal's returns, were given in the popular instead of the scientific names, and as these vary in the diverse portions of our widely-extended country, a great deal of labor was necessary to translate them into significant and definite terms, and we agree with Dr. Read, that this might and ought to have been, but certainly was not done.

Dr. Jarvis was no doubt as capable as most men, whose residence has been during his whole life in an unchanging population; and probably the only way to arrive at completely correct results, in regard to the popular nomenclature of disease, would be to consult physicians resident in the different sections of our Union. We think, there are but few men to whom such a course would not have suggested itself. As specimens of the errors committed by Dr. Jarvis, we submit a few quotations made by Dr. Read.

"Diseases of the eye may involve diseases of the brain; but otherwise is not fatal. It should, therefore, be included in diseases of the brain and nervous system." Mumps comes under the same category as the last, (diseases of the eyes). It may be connected with disease of the brain, and it may co-exist with other and fatal diseases. It would be safer to put these in the unknown. Onanism, possibly, but not probably, was a cause of death. It wastes life, and produces other disorders. Cases under this head, should be put under the unknown. Fever, bilious, is a most vague and uncertain term. In some regions, it seems to be used for all sorts of fever, and the word bilious, for all sorts of difficulties of the digestive organs. Gastric fever is, probably, intended for inflammation of the stomach; yet it is, in many places, used as vaguely in respect to fevers, as the word bilious.

"Winter fever is more vague than either of the last two. It

may mean bilious, or typhus, or synochus. These three, with specific names, convey no specific idea, and they should be included under the general name of fevers, without further description." It will only be necessary for the western physician to glance over the above instances of misapplication of terms to disease by Dr. Jarvis, to indicate to him the propriety of Dr. Read's criticism.

We advert to this paper in order to indorse all that Dr. Read has said upon the subject, and we regret that it cannot be included in the same document with the report, so that it might be used in correcting as historical data any erroneous impression that, as things now stand, may enter into our future history.

Since writing the above portion of this article, we have received the paper from its author in separate form. We are glad to see this indication of the Doctor's intention to circulate it still more extensively, as it certainly is desirable to set on foot some means of placing so important a correction on record.

NEW JOURNALS.

We have received No. 1, Vol. I., of a new journal, published in Detroit, Mich., edited by Professors A. B. Palmer, Moses Gunn, and Mr. Frederick Stearns, entitled "THE PENINSULAR AND INDEPENDENT JOURNAL," which, as its name implies, is the result of an amalgamation of the two excellent journals published there. We hail this good-looking neighbor with our best wishes for a bright success and future prosperity. In looking it over, however, we notice quite an omission, in the copy on our table, beginning at page 32, and ending at page 49, leaving out the *Salutatory*, *Editorial Individuality*, and some other *less important* articles indicated in the table of contents. Their place is supplied by a repetition of matter, beginning with page 17. We are sorry to see the first-born of this happy editorial union thus deformed by the bungling operatives who officiated at its appearance in this world of light, and we earnestly hope that is no evidence of an inherited diathesis, destined to affect the whole future progeny. We trust the talented Professor of Surgery, who is noted for his ability in mending

matters, will not delay a suitable operation—while his beloved offspring is yet young and impressible—to prevent it from growing into maturity with its parts in anywise deficient or out of joint; while the indefatigable Professor of Materia Medica and Diseases of Women and Children, will undoubtedly be careful to eradicate any parental taint that may possibly linger in the blood of its immediate progenitors.

Another instance of amalgamation has given origin to our excellent cotemporary, "THE CINCINNATI LANCET AND OBSERVER," edited by Professors Mendenhall and Murphy, of the Ohio Medical College, and Edward B. Stephens, M. D. We remember this trio from days long gone by, and with the warmth of fraternal interest, assure our brethren of the profession, that the *Lancet and Observer* will be found all right in time of need.

"THE PACIFIC MEDICAL AND SURGICAL JOURNAL" is among our exchanges. From its appearance, we should infer that its editor and publishers would be rewarded, if the profession of California can appreciate honest labor in the cause of our science. It is edited by Drs. J. B. Trask and D. Wooster, of San Francisco.

EDITORIAL CHANGES.

Dr. J. Dickson Bruns has taken the entire control of the *Charleston Medical Journal.* This journal has been heretofore one of our best exchanges, and we confidently expect it to increase in merit and usefulness under its present management.

Drs. R. C. Foster and George S. Blackie have added their labors to the herculean strength of the senior editor of the *Nashville Journal of Medicine and Surgery.* With such a team, that journal cannot fail to "go." We welcome them to the great family of editors, and hope their "hearthstones may ever remain warm."

EXTRACTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Feb. 10th, 1858. 7½ P. M. Dr. Mayberry, Vice President in the chair. While awaiting the arrival of Dr. T. F. Betton, the lecturer of the evening, Dr. Turnbull related a case of double cephalæmatoma. He was called to a lady in labor, which was so rapid, that the child was born when he arrived. At that time, he noticed nothing remarkable about the child. On the fifth day, his attention was called to a tumor on the head, in fact, two tumors, one on each parietal bone. They were about four and a half inches across. He directed a spirituous lotion, but they still increased, and about the seventh or tenth day, he could feel a peculiar hard ridge around the edge of the swelling. He consulted with Dr. J. F. Meigs, who mentioned the fact of having cured such a case, by poulticing, and advised a like treatment in this instance. But, though poulticed with much care every four or five hours, on the twentieth day there was no material diminution. He then inserted an exploring needle, and blood issued freely. It was evidently under the pericranium. The family being anxious for an operation, he made a free incision at the lower end of one tumor, and in consequence of the free effusion of blood, was compelled to use compresses, and cold applications. When this had ceased, he inserted patent lint, and applied adhesive straps, bandages, and a cap over all. On the following morning, he found the cap saturated with blood, and removed all the dressing, except the adhesive straps. Now, thirty-six days from the commencement, the tumor has almost wholly disappeared. That on the other side, he did not open, but applied straps, and it also gradually disappeared.

Dr. Condie said these were rare occurrences, he believed, in this city. He had never met with a case, in a practice of forty-three years, where the blood, as in the case related this evening, was situated upon or beneath the pericranium. Tumors are common, in which the blood is effused between the laminæ of the scalp. It would be an interesting fact, could it be determined, to know whether, in Dr. Turnbull's case, the presentation had not been changed in the course of the labor. It is a very common opinion, and perhaps a correct one, that these tumors are produced by the pressure of the uterus upon the fœtal head during labor, the blood being driven into the most advanced part. The worst plan is to open them. If they are caused by a morbid condition of the pericranium, or of the vessels that penetrate

the bones, the best plan is to keep them closed. Cold compresses are preferable in his opinion to warm poultices. In Europe, they apply astringent lotions, but he could think of none there, who recommended warm applications. These tumors have been, and are very liable to be mistaken for fractures of the bones.

Dr. Coates asked on what part of the parietal bones these were situated?

Dr. Turnbull replied that they were on the centre of the bones, directly over each boss, and at present, each bone seems somewhat enlarged.

Dr. Jewell had had three of the cases, and all after tedious labor: each was situated on the presenting part. The first remained over three weeks. He used cold astringent lotions, and not succeeding, followed these by poultices; had suppuration, opened the abscess, and extensive purulent discharge followed, which left the child with a deformed scalp, and on this part the hair never grew.

In the second case, he used iodine lotions, and after ten or fifteen days, it began to subside, and was soon well. In the third, he also applied the iodine, for ten days, or two weeks, and not succeeding, used warm bread and milk poultices, and absorption rapidly followed. The cupped appearance, to which Dr. T. alluded, was present in all these cases; it felt like a depression of the bone, but he did not consider it peculiar to the disease.

As the lecturer had not arrived, and it was past the time for expecting him, Dr. Condie proposed for the consideration of the members, an important subject, and one which may be made to throw considerable light on the pathology of disease, etc., viz., *intra-uterine diseases.* Smallpox has been communicated to the fœtus, and it has been born with the eruption. Children have been born with extensive tuberculization of various organs, which, in some cases, had gone on to softening, and produced inflammation of the neighboring parts. Sometimes, we had disease, when the mother exhibited no symptoms of it, as pneumonia, peritonitis, etc. Numerous cases are related of the latter disease, where adhesions have been formed, showing that inflammation of a severe grade had existed. Prof. Simpson, of Edinburgh, had published a paper in which he refers to a number of cases. In a large number of the instances on record, Dr. C. had found the mother had erysipelas, when the child had peritonitis. As the relation between erysipelas and peritonitis is now fully recognized by the profession, and there is not the least doubt but that erysipelas is a disease of the blood, the

external phenomena, and concomitant affections of internal organs are merely results of the same blood disease. The mother had escaped, and the fœtus had had peritonitis with effusion and adhesions. The modern doctrine of phlebitis as a cause of pyemia, is that the phlebitis is the result of the diseased condition of the blood itself, and the diffused abscesses are not the result of pus taken into the circulation and deposited in particular parts, but that the depots met with in different organs in cases of empyema are in fact small abscesses produced by inflammation occurring at the place where the pus is discovered. The whole subject of intra-uterine diseases is but in its infancy, and curious results are no doubt to be derived from its close investigation.

One other form of disease is common in the fœtus in utero, and that is erysipelas; in the great epidemics of puerperal fever, at least two-thirds of the children were born with it upon them, and in many, there was peritoneal inflammation.

Dr. Coates mentioned a case of a child with cyanosis, which died in five months, where was found an open foramen ovale, and the lungs were crowded with tubercles, accompanied by emphysema of the kind ascribed by Rilliet and Barthez to children, with large cavities between the lobules, and some of these were one and a quarter inch long.

At the risk of producing disgust at the breakfast table, he would mention a phenomena concerning eggs. Many were found on breaking them after boiling, to have the membrane adhering to the albumen so strongly, as to tear out patches of its substance. This was formerly rare, but at present a very large number of the eggs were so affected. He considered it due to an amnitis, or inflammation of the amnion, produced by carrying over railroads.

Dr. Mayberry had noticed several instances where children were not susceptible to the vaccine disease, where the mother had been vaccinated while carrying them, and had observed the same result from modified smallpox.

Dr. Condie remarked, that in the first of the modern epidemics of smallpox, in this city, a lady was affected with the modified form during the eighth month of pregnancy. It was light, and no remedy was required; but few imperfect pocks appeared. The child was born covered with genuine smallpox, and died within one hour. He never saw a more beautiful specimen of discrete smallpox, and some pocks had gone on to the period of maturation.

Dr. Fleming had attended a lady in labor, who was delivered of a child in a putrid condition. Scarlet fever had been in the

family; one child had died with it, while the mother was far gone in her pregnancy. Since that time, she had not felt any movement of the fœtus. The presumption was, that the child had died of scarlet fever.

Dr. Jewell had, like Dr. Condie, a case of a young father who died of malignant smallpox on the seventh day. On that day, his wife was confined, having had varioloid previously, and the child was covered, when born, with a full crop in the first stage, and died of the malignant form.

In connection with this, he mentioned a case of a child born with a mark similar to a vaccine mark on its arm; the mother had been vaccinated during pregnancy.

Dr. Emerson, without intending to endorse this last, but considering it as a mere coincidence, would say, that the subject of vaccination during utero-gestation was of importance to decide. In epidemics, pregnant women were desirous of being revaccinated. Some medical men, of very good authority, decline so doing. He would like to hear the sentiments of the members on that point.

Dr. Condie asked what possible objection could exist, when we frequently vaccinate a child but a few days old. In the Foundling Hospitals of Paris, every child was vaccinated immediately on being received, and distinguished accoucheurs vaccinate within the first three days. The vaccination of the mother could not produce abortion, and if it really did extend its protective influence to the child, what could be the objection to its performance? What harm could possibly result.

Dr. R. K. Smith remarked that the question started this evening opened an interesting field of inquiry. The important practical point to discover, was the one alluded to by Dr. Emerson, viz: "the propriety of vaccinating pregnant women." The remarks made by the chairman and Dr. Condie presented this subject to the mind in two different points of view. If revaccinating the mother protected the child in utero, or on the other hand, if, as Dr. Condie seemed to infer, it communicated true variola to the offspring, then, indeed, it was important that the question should be decided.

Dr. Condie (interrupting). I said nothing of the kind.

Dr. Smith. You certainly related a case that led to that inference, and so did Dr. Jewell.

Dr. Jewell (interrupting). I said nothing about revaccination, or the vaccine disease producing smallpox in the child; I said where modified smallpox had been developed in the pregnant woman, it produced the true disease in the fœtus in the case above named.

Dr. Smith. Well, if Dr. Jewell will explain how modified smallpox or variola vaccinia can occur without vaccination, I will give up the point. He certainly understood both the gentlemen to state their cases precisely as he had related them, as if he was mistaken in regard to Dr. Condie, he apologized for calling him up. He contended that if a child was born covered with a true variolous eruption, imparted to it by the mother from revaccination, it was an operation not to be thought of in pregnancy; but he maintained the diseases of variola and kinepox were entirely different, and would not produce each other. If the views of those gentlemen were correct, it seems the mother conveyed to the child a disease of which she had not the first symptom, as cowpox is a new disease. He did not rise to discuss the question, but simply to refer to it, as a very interesting one, and to suggest that it be made the subject for a future meeting, when gentlemen would come prepared to investigate it thoroughly.

Dr. Condie said that which proves too much, proves nothing. If Dr. Smith's ideas were correct, it would be unnecessary to resort to vaccination in a child born of a vaccinated or variolated female. The protection afforded by vaccination must result from a peculiar change wrought in the tissues of the various organs of the being by the vaccine virus. We have a new being formed by, and in connection with the maternal organs, which had already undergone this change, in consequence of which she may have the disease in a modified form, or not at all, but the child whose tissues have not undergone the peculiar change, will have it in the unmodified form. Now all these diseases, smallpox, varioloid, and the vaccine disease, are the same in their *first elements*. In epidemics, a patient with varioloid will, and frequently does, give the genuine smallpox to others. It has been shown by experiments in Denmark, Holland, and Germany, that they are one and the same thing; and it has been proposed by Dr. Mohl, of Copenhagen, to inoculate the cow, in order to produce a fresh supply of vaccine matter; he says that he has produced vaccine matter in this way. There is no direct communication between the circulation of the mother and the child. By microscopical examination of the blood we find none of its leading features to be identical in the mother and child. There is no connection; they are two independent beings; each builds up its own tissues.

Dr. R. K. Smith asked how the poison of disease was communicated to the fœtus by the mother, if there was no participation by the fœtus in the circulation of the mother? If vaccine disease and variola are similar, why vaccination was resorted to in order to protect rather than inoculation?

Dr. Condie answered that it was easy of explanation. If we apply matter to the skin, or arsenic be placed in the food of the mother, it would poison the fœtus. The umbilical vessels take up this, to form blood for the fœtus, and if the blood of the mother is poisoned, the fœtus feels it. But not in all cases are diseases communicated to the fœtus. These are the exceptions. The modification of the variolous matter which it undergoes by passing through the cow, renders it less dangerous. The vaccine disease is not contagious, but varioloid will give off exhalations and fomites, which poison others. Thousands of cases have proved that varioloid will produce genuine smallpox. That vaccine matter undergoes a change, is admitted by all the Europeans, with the exception of the English.

Dr. Emerson, in view of the acknowledged risk of a woman in gestation communicating disease to the fœtus, thought the doctrine, if it be true, that variola and vaccinate disease are identical, would warrant us in making a distinction in regard to vaccinating or revaccinating a pregnant woman. Revaccination was justifiable, but the other was not, as it might produce smallpox in the fœtus.

Dr. Nebinger thought himself justified in concluding that children in utero do suffer and die from disease, and also that mothers in this condition have diseases which are transmissible, and yet do not transmit them. At this point he would relate three instances:—

A lady died three days after her accouchement of malignant smallpox; the child is living still. Anxious to know the result of disease as to the offspring, he followed up the case, and found no evidence of ever being influenced by the variolous poison. Another lady, seven or eight months gone, had smallpox distinct, and she got safely through; the child was born, and is living; there is no evidence of smallpox having been produced on it. Fearing the poison that might still be lurking about the house, he vaccinated the child, and it was fully affected by the vaccine disease. A little girl had violent smallpox. The mother was pregnant; two weeks rolled around, and the girl being convalescent, the mother was confined, and the child vaccinated the day after. This run its course regularly, and varioloid resulted. He did not intend this as an evidence that smallpox was not produced in utero, only as important to know the pros and cons, the yeas and nays, of the subject. He did not conclude that cases could not occur of the fœtus receiving disease from the mother; on the contrary, from the well authenticated facts of children being born with the disease (smallpox for instance) that the mother had but a short time prior to delivery, he believed that disease could be conveyed to the fœtus; and the cases

related by him were not offered to disprove the fact of the child in utero being affected by the disease the mother was suffering with, but were offered as evidence to prove that the child in the uterus, as is known to be the case out of the uterus, possesses that peculiar condition of system which makes it susceptible to morbific influences. Hence it is that if the mother whilst pregnant should be brought under the influence of the vaccine virus, there is no certainty that the fœtus would be influenced also.

Dr. Coates remarked, in regard to what Dr. Jewell had said concerning coincidence of *marks* on the fœtus, that when young, and engaged in the Pennsylvania Hospital, he saw a pregnant woman who had been badly burned, and the child was born with several patches of skin off the legs, remarkably like the burns. He believed that as the child was killed by the accident, putrefaction had caused this.

Dr. Jewell saw an interesting case of the kind. A child fell in the street, and lacerated its ear; it was brought to the mother, in her third month of pregnancy, who applied a napkin to the part, took it off, and seeing the whole cheek covered with blood, was much alarmed. When the fœtus was born, the right side of the face was covered with a varicose aneurism. But, of course, this was merely a coincidence. He asked that Dr. Condie would give them some new theories to account for this.

Dr. Condie replied that it was a curious idea, the gentleman asking for theories, when in all his publications there would be found very little theory. An incident is related by an admirable author, Dr. Buchan, in his "Advice to Mothers." He gives a case, where the shock was so great that the child ought to have been deformed, if it was possible for the mind to effect it. A female in Edinburgh, six months gone, while sitting in her room was much startled by an escaped monkey jumping upon her shoulder. In great alarm she sent for Dr. B., sure that her child would be a monkey, or something horrible; but lo! the fright had no effect. In another case, a baker's wife, in her sixth month, had her husband brought home from a riot with his right shoulder injured. When the child was born it had a nævus on the left shoulder. Now, as the nurses said this was a mistake, nature should have put it on the right shoulder. In looking over the last edition of Dr. Watson's work, he was much surprised to find that gentleman believing the imagination of the mother may produce an effect on the fœtus. He could not see how, as there was no nervous connection.

Dr. Curtis saw a lady in her first confinement, who, when the child was born, and before she had seen it, asked about the cherry. On enquiry, he learned that three months before, her

brother had thrown a black cherry which struck her on the head, and she was certain the child would be marked with a cherry.

On examination, he found a nævus exactly on the top of its head, very much resembling a black cherry.

Dr. Coates did not believe that the imagination of the parent could impress on the body of the child any mark resembling at all the obejct which had affected the imagination in a lively manner. But he could not consider this proved by the absence of nerves in the umbilical cord. Gentlemen much respected for their science, who were believers in animal magnetism, considered that the nervous influence could be projected from one individual into the body of another. The nerves end in loops or direct terminations, with considerable spaces between them, as demonstrated by the microscope, and yet we have the nervous action going on without impediment from that cause.

Dr. Emerson remembered a case of a child born with spina bifida. The mother gave, as she thought, a clear account of its cause. She had been much frightened by a great danger to which one of her children had been subjected, in the early part of her pregnancy. The child had been struck with an axe on the lower part of the back, and when she heard it, much shocked, she clapped her hand to that part of her back mechanically, and firmly believed this was the cause of the spina bifida. He regarded it merely as a coincidence.

Dr. Condie thought that a very stupid archeus governed in the case related, not to put the hand on the part also.

If it were not so late, he would like much to argue some facts stated by Dr. Coates concerning the nervous system, but hoped to have an opportunity to do so at some other time.

Adjourned.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION AND MEDICAL EDUCATION.

It is quite probable that much of the time of the coming annual session of the National Association will be occupied in considering the hackneyed but highly-important subject of medical education.

In the number of our Journal for March, we gave our views in regard to a more systematic and comprehensive course of instruction in the medical colleges; and we will now add a few

suggestions in regard to the exaction of a more elevated standard of attainment, and the method by which candidates should be admitted into the profession. That the standard of attainments, both preliminary and medical, required of those who enter the profession is altogether inadequate, is everywhere apparent and acknowledged. The fact is too easily observed to require either argument or elucidation. It is far different, however, with the other branch of the subject, viz: by what method shall we secure the exaction of a standard more elevated and more in accordance with the intrinsic importance and responsibilities of the profession?

Concerning this there is great diversity of opinion. A large part of the profession seem to regard the medical colleges alone as the responsible agents for exacting such a standard as is desirable. This class appears to have controlled the proceedings of the Association at Nashville, and to have procured the appointment of the special committee under the resolutions of Dr. Curry. This committee consisted of Drs. J. R. Wood and John Watson, of N. Y.; Rene LaRoche, of Philadelphia; Geo. R. Grant, of Memphis; and C. B. Nottingham, of Macon; and were instructed to report a "*System* of *Medical Instruction*," which should set forth a "uniform basis upon which our medical institutions shall be organized, * * * * * the *requisite qualifications for graduation*," etc. We have not much confidence that this committee will be able to devise any *system* which will be satisfactory even to those who were most active in procuring its appointment. If it does, we shall be most happy to co-operate in carrying out its recommendations.

Another plan for establishing a proper and uniform standard of attainment, consists in the establishment of a great National University, not for teaching, but for examining candidates and conferring degrees, somewhat after the plan of the present London University. Those who advocate such an institution, would separate from the present colleges the power to confer *degrees* which admit the recipient into the profession, and thereby compel them to rely solely on their merits as institutions for imparting instruction; while the only real avenue into the ranks of the profession would be through the examin-

ing board or boards of the National University. Theoretically, this plan is more perfect and more desirable than any other with which we are acquainted; but, unfortunately, we know of no legislative body in our country possessing either the power or the disposition to incorporate such an institution. Congress certainly has no right to charter an university with power to determine the standard of qualifications for the physicians of each State, any more than it has to regulate the qualifications of the lawyers or artizans. And no one will pretend that any State legislature can charter an institution with powers extending beyond the limits of the State creating it. Hence, we do not see how a truly National University, possessing any legal powers, can have an existence in this country. The only practical approximation to this would be a *voluntary* organization, founded on the principles advocated by us in the New York State Medical Society, during the years 1844, '5 and '6, preceding the organization of the American Medical Association. The plan would be as follows, viz: Let the physicians of each State see that their State medical societies are efficiently organized and fully governed by the code of ethics of the National Association. Let the latter designate, fully and clearly, an appropriate and honorable standard of qualifications, both preliminary and medical, for all applicants for recognition as regular members of the profession. Then let each State medical society appoint from its own members an independent board of censors, whose duty it shall be to meet once a year and examine thoroughly all applicants for admission into the ranks of the profession, and to such as are found qualified, diplomas should be granted, by virtue of which they not only become recognized everywhere as physicians, but also as members of the State society, and eligible to election as delegates or members of the National Association. Let the physicians of each State, through their State organization, formally refuse to recognize any as professional brethren except such as either obtain the diploma from some State society, or hold college diplomas obtained anterior to the time of the adoption of the proposed plan; all medical college diplomas issued subsequent to the adoption of this system being regarded

in the same light as the degrees A.B., A.M., etc.; that is, as an honorable title, but not of itself constituting the holder a member of one of the most responsible professions in the world.

The adoption of such a plan would effect several important objects.

1st. It would insure greater uniformity and appropriateness in the standard of qualifications, by enabling the National Association, as the common representative of the whole profession, to designate both the standard and the method of carrying it out by the censors of the several State societies

2d. It would greatly increase the importance of the State societies, and the interest which would consequently be felt in their permanency and efficient management. The fees derived from the granting of their diplomas would not only furnish a fund sufficient to pay the board of censors for the time spent in examinations, but would doubtless leave a surplus sufficient to enable each society to offer annually a respectable premium for papers embracing important original investigations.

3d. It would exempt the colleges from the constant jealousy and suspicion engendered by the idea that they are induced to keep the standard of medical education low, for the purpose of increasing the number of their alumni. Being free from the responsibility of actually admitting candidates into the ranks of the profession, they would be left to their legitimate work of *teaching*, and emulating each other only in the extent and perfection of their several courses of instruction.

4th. Finally, it would place the responsibility of admitting new members into the profession where it naturally belongs, namely, with the profession through its own organizations.

We are fully convinced that the adoption of such a plan, coincidently with the more methodical and extensive system of college instruction proposed in our March number, would soon place the cause of medical education in our country on as respectable a footing as it is in any other. It is true, that the whole system would depend upon the voluntary action of the profession, without the coercive force of legal sanction. But what else have we now? Practically, our profession is in no part of this country either legally protected or fostered at the

present time. All the distinctions that now exist between the practitioners of legitimate medicine and the advocates of quackery, are made and sustained solely by the force of public sentiment in the profession itself.

And the more perfectly we can develop and embody that sentiment in judicious and important voluntary organizations, the more potent will it become, and the more efficiently will it compel the execution of any plan of education which may be devised and committed to its care.

ANNUAL MEETING OF THE COOK CO. MEDICAL SOCIETY.

The annual meeting of the Cook County Medical Society was held in the city of Chicago, on Tuesday, April 6th, 1858.

Prof. N. S. Davis, President, in the chair.

The first order of business was the election of officers for the ensuing year, also delegates to the American Medical Association and the Illinois State Medical Society, which resulted as follows:

For President—A. Fisher, M. D.
Vice do.—E. Andrews, M. D.
Secretary—Geo. K. Amerman, M. D.

Delegates to the American Medical Association:

J. W. Freer, M. D. S. Wickersham, M. D.
F. W. White, M. D. C. G. Smith, M. D.
M. O. Heydock, M. D.

The delegates are requested and authorized to appoint substitutes, in case they are unable to attend the meeting at Washington.

Delegates to Illinois State Medical Society were as follows:

E. Powell, M. D. W. H. Byford, M. D.
J. P. Ross, M. D. H. Wardner, M. D.
D. D. Waite, M. D.

The delegates to the Illinois State Medical Society were also empowered and requested to appoint substitutes if necessary. Much other business of a less important character to the profession at large was transacted; after which, the society adjourned.

We have received for publication the following original articles, which will appear as space will allow, viz: Traumatic

Occlusion of the Vagina, by Ernest Schmidt, M.D., Chicago, Ill.; Milk-Sickness, by J. P. DeBruler, M.D., Rockport, Ind.; Surgical Cases, by J. W. Benson, M.D., Chicago, Ill.; Cases of Ovarian Dropsy, by J. H. Brower, M.D., Lawrenceburgh, Ind.; Turpentine in Hæmoptysis, by Jas. M. Kindall, Wabash, Ind.; Malformation, by S. W. Wallace, M.D., Black Earth, Wis.; A Case in Practice, by L. H. Angell, M.D., of Aurora, Ill. We have also on our table a communication, with post mark Rochester, Ind., but unfortunately we cannot determine its paternity, as its author forgot to append his name to it. It is a good paper, and will be published if the writer will furnish us with his name. And here we hope to be pardoned for chiding our medical friends generally for not communicating their experience to the profession through the medical journals of the day. Thousands of valuable facts,—facts that would come opportunely to the rescue of perplexed brethren in their efforts to save life—are lost through the false and *inexcusable* modesty or laziness of men of vast experience and profound learning, in not recording and disseminating their knowledge in this way. Many things that to them seem commonplace, from their familiarity, are known to no one else perhaps, and the knowledge pertaining to them dies—when they die. This is a sin against common sense and professional liberality that we are surprised to see so generally prevailing in our ranks. We are glad to know and be able to inform our readers that there is hope of reform in this matter, particularly among our young men. Old sinners may not and perhaps never will repent, and what is worse, true to their obdurate and tenacious habits of detraction, they are ever ready to sneer at any, even the slightest awkwardness of their juniors in their laudable efforts to form better habits for themselves. To these old aristocratic, silent gentlemen we have nothing more to say than, Young America like, "keep your silence" before your superiors,—and the first one who writes even scoldingly for the *Journal* we will readily and willingly relieve from that interdiction—but the young men in the great and glorious field of scientific research, we would advise to be careful what habits they allow themselves to fall into. Resolve, and begin to put that resolution into execution

at once, that you will be active, working, liberal coadjutors of your most worthy compeers of the profession; that you will not be mere machines, upon which the accumulating flood of knowledge acts, only to grind out dimes. Write! write! And if you do not begin early, you will never begin at all: just allow the first decade of your professional life to pass in unbroken silence, and you are dumb for all future time. This function is not an exception to the general physiological rule, that inaction incapacitates. We hope you will begin in earnest, and now, and every experienced writer will forgive your first efforts if they should not be finished ones. They remember their own too well not to be lenient in this respect, and they are not half so exacting as those old fogies who have emasculated themselves by withholding their progeny until they are incapable of a respectable procreative effort. Do not be afraid of any such eunuchs in the profession, and take warning by their example. The first effort is almost sure to decide the matter; begin, and you will continue; make one step in the right direction, and you will progress easily. You cannot expect to satisfy your wishes in your first trial. Of course, your paper will not be as good as you will write after much exercise and experience, but it will show promise of a determination, that must work good results. Every time you produce an article, you will increase in strength, and what is still better, have a more correct appreciation of your powers. You will soon find that editors and authors all must wear literary swaddling, before their legs are long enough to stride in breeches among giants of learning, and that you are not a pigmy because your infantile extremities are not developed to the size of a man. Our word for it, every time you produce a good article for the *Journal*, you will be several inches taller, not merely in your own estimation, but in the good opinion of all your readers; and at the end of a long life spent in useful, liberal, and scientific converse with your brethren in this and every other available way, you will have the consolation to know that you have made every reasonable effort to do your duty toward men, to whom you are indebted for everything you have and are. We would be glad to write more upon this interesting—nay, to young medical men, *all-important* subject, but the printer interrupts us with the not generally annoying announcement, "enough copy, sir!" B.

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"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ.	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
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"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
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"	Scutellariæ,	"	"	"	"	"	"	"	"	"
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THE CHICAGO

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

CASE OF TRAUMATIC OCCLUSION OF THE VAGINA.

(Read before the Cook County Medical Society, at its regular meeting, April, 1858.)

BY ERNST SCHMIDT, M.D.

The complete occlusion of the vagina, if acquired by any traumatical or pathological influences in the time of sexual maturity, belongs as well to the rarest as to the most interesting diseases and deformations of the sexual system of women; because, it firstly arrests at once all functions of the whole series of highly-important organs, and, secondly, always results fatally without operative help and attempting the latter in most cases. Therefore, I think that the following case which I successfully treated, with my friend, Dr. W. Wagner, in this city lately, may be worthy to claim your attention for a few minutes:

I begin with the history, as far as it could be gathered from the statement of the patient and her friends. She is a small, slender woman, of a very lively and somewhat nervous temperament, twenty-three years of age, and cannot remember any former sickness worth mentioning. Her monthly terms first appeared in her sixteenth year, and returned almost every fort-

night till she got married in her twentieth, without any bad effect from this irregularity upon the state of her health; since which time the courses came on pretty regularly every fourth week, and her whole constitution improved. Having conceived two years after her marriage, and feeling quite comfortable during the whole term of pregnancy, she had the first labor at the right time, on the 25th of July, 1857. The pains at first were very strong and frequent, by and by decreased in number and strength, and two days having elapsed, the water was not yet broken. The attending midwife at last burst it, at a time when the pains had almost totally disappeared. No further pains coming on, the midwife continued to manipulate for twelve hours more with her hands in the vagina and upon the belly, and ordered the woman in labor to press down as much as her sinking energies allowed.

Under this rational treatment, the head by and by was pressed into the entrance of the vagina, so that, as the by-standers state, it already was visible. At the same time, the mother asserts, she still felt very violent movements of the child in her abdomen. But as now no further advancement could be attained, the husband at last ran for a doctor, and finally found one, that is to say, he found a fellow, who once served as a barber in Germany, but at present has a splendid sign parading at his office door in South Wells street, * * * "Physician, Surgeon and Accoucheur." This illustrious sample of the medical profession then made his appearance, and for some hours manipulated on the child's scalp with his finger-nails, and towards evening of the 28th July, succeeded in delivering a still-born, well developed child, weighing twelve pounds, and as the husband reported, "quite dead," and the face and scalp horribly scratched and skinned; he is also sure, that the child's face looked backwards, so that it was no face presentation. Then the so-called doctor pulled the navel-cord in such a manner, that it was torn, and having obtained this glorious result, as well as his ten dollar fee, he left the house so well satisfied, that he did not care any further for the course of the confinement, as I suppose, the most thankworthy feature for the wretched mother. Half an hour later, the returning midwife found only

the navel-cord, but not the placenta, and this could only be brought to-day after hard working for another half hour.

Notwithstanding all this ill-treatment, the loss of blood after the delivery was trifling. However, the patient became very weak, had some chills alternating with heat, complained of considerable soreness in the abdomen and diarrhœa, and lost from the several organs a great quantity of bad smelling matter for about a fortnight. The urine always passed without difficulty. On the twelfth day of her confinement, suddenly a considerable quantity of blood flowed out of genitals, and at the same time both legs showed a large œdematous swelling, which again disappeared after a fortnight. At this period, the patient commenced leaving her bed, and after a while also the suppuration from the genitals and the diarrhœa stopped, and so after the lapse of six weeks from confinement, the patient considered herself fully recovered.

But she never regained her former good health and strength, but fell away by degrees. Two weeks later, violent pains appeared in the back and in the region of the ovaries, and generally all the symptoms peculiar to menstrual-colic and retention of the menses by mechanical impediment. These pains lasted in their highest intensity from two to four days, and from thence returned in regular intervals from three to four weeks, more and more increasing in intensity. The intervals were rather free, but the husband soon discovered that the normal size of his wife's vagina was shortened and contracted in a very offending manner. Possibly, this critical circumstance assisted in calling in medical aid; at least, it was recommenced towards the end of October, during one of the violent attacks coincident with the period of her terms. The treatment comprehending the strongest internal and external emmenagoga, without any previous manual examination, was followed up by a great number of druggists, midwives and quacks, till the 19th of January, 1858. Thus, the attacks increased in violence and duration, and at last the intervals between them almost disappeared entirely. The patient, worn out by pains, continued sleeplessness, constipation, and impossibility to take sufficient food, could hardly be prevented from destroying her own life.

She threw herself to the floor tremendously, crying with convulsive fits. Just after such a scene, I saw her the first time, on the 10th of January, 1858.

As all the reported symptoms must seem to be caused by a retention of the menses, a manual exploration was immediately resorted to. The abdomen, especially in its right side, looked swollen; palpation established exactly corresponding to the region of the right ovarium; a spherical tumor, about double as large as a man's fist, from which a cord two fingers thick could be traced almost to the midst of the abdomen towards the symphysis. The tumor could be dislocated to and fro without difficulty; the percussion sounds over it were quite dull. The left side is free, with normal tympanitic sound; likewise just over the symphysis, neither by a deep pressure, nor by percussion, is any tumor to be traced. The attempt to make an exploration through the vagina shows at once the immediate cause, as the finger could not be introduced above the labia minora more than an inch. The first finger-joint completely fills the whole of this rudimentary vagina, nor can any aperture leading farther up be found by the touch. Inspection shows the opening of the urethra a little pressed down; the commissura posterior shows hard cicatrices running backwards to the anus, in front and to the inside of the vagina, which apparently originate from several very considerable lacerations of the perinæum. A very small glass speculum introduced between the labia pudendi showed the bottom of the vagina completely closed, as also manifold explorations by probes of all kinds, made it evident, that no communication existed with the uterus. The membrane of the vagina had lost the character of a mucous membrane, and was dry and without the specific secretion. The internal manual exploration being very painful, and the callous, scarred state of the upper end of the rudimentary vagina making the exploration more difficult, it was impossible to settle, whether there existed above the closing cicatrized cord a residue of the former regular upper part of the vagina, tightly filled with blood, or whether the uterus was in immediate contact. The finger exploring through the rectum at once hardly an inch above the anus, touched a spherical tumor as big as the fist, that

could be nothing but the reflexed and distended fundus uteri, and that when moved a little communicated the movement distinctly to the tumor of the right ovarium and *vice versa*. This result of the exploration of course hardly allowed any doubts for the diagnosis, nor for the prognosis; for the intervening cicatrix being so very strong and tough, the natural secretions and excretions of the several organs, together with those heaped up already, could not be expected to force their exit, and that, therefore, the patient's life probably very soon would be destroyed if surgical aid were not resorted to; the more so, as not only the patient by the most distressing pains was already almost exhausted, but also the danger was near at hand, that the distended ovarium or the tube should burst and be followed by a fatal peritonitis. Therefore, Dr. Wagner and I at once determined to undertake the operation without delay, on the 12th of January. The patient was then laid across her bed in a position similar to that for the operation of lithotomy and then anæsthetised. Dr. Wagner stood at her left side, the index finger of his left hand in the anus, and with the right hand holding a silver catheter lying in the bladder. I knelt down between her legs, brought the index of my left hand into the vagina like a probe, upon which I introduced a very fine-pointed and somewhat-crooked tenotome with the edge upon the concave side. The attempt always to feel with my index finger whether the knife is not approaching either Dr. Wagner's finger in the anus or the catheter, may theoretically easily be recommended, but in practice it is a good deal more difficult, especially in a case where the rudiment of the vagina was so very contracted. In an equal distance from rectum and the catheter, I penetrated the vagina, and pressed the knife rigorously forward about half an inch deep, till I felt that the resistance was yielding; then I dilated the opening externally by the incision about half an inch long, whereupon thick tar-like blood commenced flowing out, and in this way indicated that the first success was attained. In the meantime, the patient began to manifest great debility. The pulse becoming imperceptible, respiration was more accelerated, and only the first mitral sound was to be heard distinctly and almost always

coincident with a deep respiration, a sign which we should be always mindful of, as it reminds us immediately to cease the anæsthetic, even when the state of the pulse does not yet seem to require it. By the application of ether, cold water, etc., we soon succeeded in checking the effect of chloroform, and the patient was removed to her usual bed-position. The dark blood continued to flow away slowly and sparingly, perhaps six ounces in the first two hours.

Then, at once, in the afternoon, from one to three o'clock, about two to three pounds of blood of a very offensive smell, mixed with black and quite solid coagula, was expelled under moderate pains. At five o'clock P.M., pulse ninety-six beats, small, irregular; the ovarium tumor in the right side had become smaller and was already sunken down into the pelvis, so that it only could be felt by deep pressure. The fundus uteri palpable through the rectum equally had decreased in size and now stood fully two inches above the anus entrance. Evidently the blood oozing during the first two hours had come from a space between the rudimentary vagina and the uterus; when this space was emptied the fully retroverted uterus was able to rise again; the orificium uteri, during the rising of the organ, withdrew from the symphysis and the bladder against which it had been pressed in the former pathological position; and in this way, now two hours after the operation, the uterus, the tubes, and the ovaria, began to empty themselves. The following day a piece of compressed sponge was introduced into the incision. The patient feels comfortably. The third day, no further flowing, and suddenly all the symptoms of a circumscribed but rather acute peritonitis arose. The sponge was instantly removed. Pains dnring the night almost unbearable, pulse small (100), towards evening, 108 beats. A little blood oozing out again at noon. The 15th of January, in the morning, pulse 148, nose pointed, cheek red, cold sweats, cool extremities, the abdomen to the navel very tender and painful when touched; only a little purulent, bad smelling fluid from the vagina; in the evening some more flow, pulse down to 132 beats, stronger. Under the proper external and internal treatment, the symptoms of the peritonitis, so dangerous for the patient's life, by

and by abated, after three days, though the tenderness of the abdomen and vagina, the costiveness and the fever, made attentive care necessary for another week. At this time also the purulent flux stopped, and pure blood oozed till the 24th of January. Then the tumor in the high ovarium region had totally disappeared, nor was any tumor felt through the rectum. An elastic catheter can easily be introduced through the incision in the cervical canal and uterus, which therefore has assumed a very favorable position. The well known glairy secretion of the cervical canal is always emptied by this manipulation. However, only a small space seems to exist between the present vagina and the cervix uteri. The introduction of a catheter in this way was continued from four to six weeks, about every other day, till the fear could be abandoned that the incision might unite again. Meanwhile the menses have returned three times regularly in intervals of three weeks. The woman is now enjoying good health and strength as before her confinement. The vagina is widened and quite a finger long, certainly a striking contrast to that state in which we had found it. The incision well cicatrized in its circumference has almost entirely disappeared, but allows a two line cathether to enter into the cervical canal without difficulty. Thus the cure may be considered a complete one; and one may perhaps only regret, that the constriction has not been opened and widened so far as to lodge in it the cervix uteri as in another fundus vaginæ, and to cause a fastening of the cervix with the surface of the incision by adhesive inflammation. However, the next success is the best; the more so, as it is very doubtful whether the experiment to try the latter operation would not have been followed by a rapidly fatal peritonitis—the latter having been dangerous enough in our method of limited operation. But a more difficult and important question, I suppose, arises, what will be done in case of another conception—a matter worthy perhaps a further discussion?

ARTICLE II.

CASE OF CANCER OF THE PYLORUS.

BY RALPH N. ISHAM, M. D., CHICAGO.

J. O., a Prussian by birth, thirty-two years of age, single, of temperate habits, has, with the exception of two attacks of rheumatism, always enjoyed good health. No hereditary tendency to disease traceable; father and mother still living. His occupation has been that of house painter, and recently a fruit dealer.

Previous History.—The first indication he had of his present disorder was in November last, when he vomited after eating pork or anything sour, and to such an extent did this symptom annoy him, in the space of a few weeks, that the stomach would only retain beef, soup, coffee and tea. On the 1st of January, after drinking two glasses of beer, and feeling a disagreeable sense of nausea, he procured from a druggist an emetic powder, which produced violent emesis. From that day he was unable to work, and since the 10th has been confined to his bed. He has had discharges of a black fœtid character several times recently, and has vomited "coffee-grounds" material once. This symptom of melæna has only appeared when preceded by violent efforts at vomiting, or the use of cathartic medicine. The ordinary stools have consisted of hard scybala. He states that he has felt a tenderness in the epigastric region for three months; that his attention was first called to it after a "severe vomiting spell;" that it has since increased until the weight of the bed-clothes causes pain.

Present Condition, March 11th, 1858.—He has to assume the semi-erect position on account of local tenderness, and complains of occasional sharp pains through the abdomen; is very weak; the act of vomiting is not accompanied with any voluntary effort; has a sallow complexion of skin, with a somewhat anxious expression of countenance; complains of flatulence; the food is rejected by the stomach within half an hour after eating, unless of a fluid character, and in very small quantities; the urine is scanty and loaded with urates, presenting that pink

variety of uric acid deposit, regarded by many as characteristic of constitutional malignant disease; bowels are constipated; pulse 80; tongue coated with a dirty white fur; complete loss of appetite, with imsomnia. There is in the epigastric region, midway between the cartilages of the false ribs, a hard tumor the size of a billiard ball, which transmits the pulsations of the aorta, but gives no thrill or lateral dilatation; dulness on percussion over the stomach; no enlargement of the liver or spleen; nutrition moderate.

Diagnosis.—Scirrhus of the pylorus.

Tuesday, March 20th. Patient has been a little better yesterday; has considerable fever, and a miliary eruption covers the body; complains of a "gnawing and burning" sensation of the stomach and throat, with insatiable thirst; vomiting still continues, but not to same extent as before; the patient considerably emaciated; the countenance is more anxious; œdema of the feet first noticed to-day; the tumor and tenderness of the epigastrium are still present.

My friend, Dr. Denniston, and also Dr. Wagner, who kindly prescribed for the patient during his late illness, agree with me in the diagnosis made.

The patient died, April 10th, but for many days previously had been comparatively free from pain.

Autopsy, 12*th*.—Twenty-six hours post-mortem. On section of the abdomen the stomach presented a dull, anæmic appearance, and was thickened in its structure. The pylorus was involved in a crude cancerous mass, of a friable, lardaceous, and half-suppurating character, the size of an orange; all the coats were lost in the tumor. The peritoneum and liver were adherent where normally in contact. The intestines were partially filled with scybala. No effusion in the abdomen.

The examination was not extended to other organs, through respect to the wishes of friends.

That the mucous coat was the last which suffered erosion from this disease is proved by the fact that the coffee-grounds vomit did not appear until a late date, as also the gnawing pain and excessive thirst, accompaniments of the inflamed mucous membrane; whilst the acute pains, symptomatic of disease of the

outer coat, were also amongst the last distressing symptoms; we are forced to conclude, that the muscular coat was the first attacked, and not the mucous, according to the pathological rule urged by many recent writers. It is whilst the serous coat is undergoing disorganization that the patient suffers the acutest pain; and when the local tenderness is excessive, it may account for the adhesive inflammation, as in this case, though very common in both cancer and *ulcer* of the stomach. That many, if not all, of the prominent symptoms in this case might have been those of gastric ulcer, I would urge as a rule, that *it is never safe to pronounce a diagnosis of gastric cancer unless the tumor can be distinctly felt.*

One of the diagnostic marks between these two diseases is the position. Whilst the favorite seat of the malignant disease is the pylorus, in the proportion of 219 cases out of 360, that of the ulcer is only 25 out of 360, in a situation which might be mistaken for the pylorus; the greater number, 177, being found on the posterior surface.

In regard to age, 600 cases afforded an average of 50 years, and at 32 (that of this subject), as compared to ulcer of the stomach, the relation is as $31\frac{2}{3}$ to 49 in 100 cases. The liability to this disease of the male over that of the female is double, up to the age of 60 years.

The cachectic appearance, which is justly considered a strong symptom in malignant disease when accompanied with emaciation, is not apt to be confounded with simple jaundice, yet, contrary to the general supposition, may be imitated by ulcer of the stomach to that degree as to defy distinction, and, of course, is only valuable in connection with *other* signs.

ARTICLE III.

MILK-SICKNESS.

BY J. P. DE BRULER, M.D., ROCKPORT, IND.

DR. BYFORD,

SIR,—I propose briefly to comply with your request with reference to milk-sick. Dr. Crooks informs me that he has

written to you upon the subject, and as his views on the pathology and treatment of the disease mainly correspond with my own, I will confine my remarks principally to its *etiology*. I assume that the disease is produced by an *animal* poison, and offer the following reasons in support of that position.

In the first place, it would probably be profitable to see what it is not. It is certainly not any mineral or vegetable poison, with the properties of which we are acquainted. Poisons of these two classes usually produce death by their caustic or excoriating effects, as arsenic, by their narcotic, as opium, or by a violent and overwhelming effect upon the nervous system, as strychnine, etc. But in no instance do we know of their possessing the power of accumulation *per se*. They have not the vital principle of development. There can never at any time be more in the system than was taken in by the animal. Hence, an animal which should receive enough of this poison into her system as to produce death, could not by her flesh or secretions destroy a dozen equally as strong and healthy as she was; much less could we suppose, that the animals which received the secondary poison could be capable of producing the same destructive results.

Now, if the poison which produces milk-sickness does possess this accumulative power, are we not driven to the conclusion that it *is not* any vegetable or mineral poison with which we are acquainted. But can we sustain the hypothesis that it is an animal poison? I do not pretend to say that we can, but analogy now comes to our aid, and at least favors the supposition. Some animal poisons do not possess this vital principle of reproduction, as for instance, those poisons generally called venoms. The poison of the viper, hornet, etc., are undoubtedly the result of organization; but its vitality is of so low a grade (if you will allow the expression), that they do not possess the power of reproduction.

But there is a large class of animal poisons commonly called infections, which do possess the power of self-propagation, whenever they are placed in a proper condition for such development. One rabid dog could probably infect a score or more, and they in turn produce the disease in an equal ratio.

The same is true of small-pox, measles, psora, etc. Now, itch is known to be the result of an insect which is capable of reproduction to an indefinite extent. We do not know that all infectious diseases are thus propagated, but there is something in their manner of expansion which would seem to favor the opinion that they are. In the first place, we must come in contact with them in some way, either by direct contact, or through the atmosphere. And then there is a period of incubation, which has a greater or less relation to a fixed time. For instance, nobody ever took small-pox in five days, nor probably in two or three weeks after exposure to the infection. A certain time seems necessary for the development of the disease, or what, to my mind, is more probable, for infusorial development. If the disease is not infusorial, how can we account for the fact, that it is so much more dangerous when received by inhalation than by inoculation? If the disease is produced by animalcules, we may, with some plausibility, account for this difference by the hypothesis, that these animalcules are essentially different, or more probably, in different stages of their development, from those floating in the atmosphere, possessing some peculiar power capable of producing the more violent result. Dr. Mussey saw and described very carefully infusorial in a drop of condensed vapor near a cholera patient, and these seemed to be in various stages of development.

Now you can elaborate this idea without my saying more about it, as well as I can. Infectious diseases are sometimes the result of animalcule. May they not *always* be produced in the same way? Is not the fact, that these poisons possess the power of self-accumulation, proof of this position? Now, have we any proof that the poison of milk-sick bears any relation to any of these animal poisons? It seems to me that the principle which bears a fixed and acknowledged relation to all infectious diseases, should be our starting point. Is milk-sick, or the poison of milk-sickness, like the poison of all infectious diseases, accumulative? If so, is not this in obedience to a vital law? And is not the *infusorial* hypothesis more reasonable than that our systems do somehow or other possess the power of manufacturing this poison?

With reference to the accumulative power of the milk-sick VIRUS, I will relate the following fact which fell under my own observation:—A gentleman of this town had a cow which run at large, caught the disease, and gave it to her calf. The calf died, and his dogs eat the flesh of the calf; they, in a few days, sickened, with all the ordinary symptoms of TIRES, and both died. A pet crow was seen eating the dogs, in a few days it refused to eat, could scarcely be made to hop or fly, as was its custom when in health, and in a day or two died. I should have been glad to have pursued this subject further, but the crow was thrown away by some of the family before I knew that it was dead. It was, however, conclusive proof to my mind that the poison had passed through four successive animals (if you call a crow an animal) and lost none of its virulence.

Do not the above facts to some extent refute the theory of its production by the rhus toxicodendron, arsenic, or any known vegetable or mineral poison with which we are acquainted. True, the rhus toxicodendron, and probably many other plants, may afford the proper nisus for these infusory animals or insects, and may supply them with appropriate food for their development, and in this way many diseases that are now acknowledged to be infectious may have had their origin.

Of the pathology of the disease I do not profess to know anything. I have never made a *post-mortem* examination. The late Dr. S. P. Cisna, of this place, informed me that he had twice. One was a case that died in a few days after the attack. In this he found the usual evidences of an active inflammation of the stomach, and particularly of the pyloric region. The other was a protracted case (I forget how long). In this he found the pyloric orifice and most of the duodenum so thickened and contracted that he could scarcely pass a probe through this outlet of the stomach.

I need say nothing in relation to the treatment, for I have heretofore given you my views and experience; and I may have given you the opinions above indicated, but if so, I have forgotten it.

ARTICLE IV.

READ BEFORE THE COOK CO. MEDICAL SOCIETY, BY J. W. BENSON, M.D.

MARSHALL HALL'S READY METHOD IN ASPHYXIA OF THE NEWLY-BORN, ETC.

GENTLEMEN,—Since our last meeting, I have had occasion to test and profit by the efficacy of Marshall Hall's ready method in asphyxia of the newly-born.

On the 9th January, my professional services were required in the case of Mrs. H. After a somewhat singular and rapid labor, the head of the child emerged. The umbilical cord was twisted around its neck. Some delay occurred before complete delivery was effected. The child was asphyxiated; no evidence of life was apparent. There was not any discoloration from congestion about the lips or fingers, but the entire surface was of a bronze color. I immediately exposed her face to the air, without removing her from the bed. Placing my right hand expanded over the chest, and my left posteriorly and upon the shoulder, her axilla resting between my thumb and forefinger, I was enabled to place her alternately upon her side and chest, while by the disposition of my hands I could aid the contractions of the chest at proper periods. No other means whatever were resorted to, and after a few minutes (ten at least, according to the bystanders, but rather less in my own opinion), I had the satisfaction of observing efforts at respiration, which although feeble at first, soon became more than sufficient. A too active condition supervened, the lips and fingers became blue, a frothy saliva flowed from the mouth, but by the application of heat and friction to the surface and extremities, these symptoms soon passed away. The result of this case induced a retrospective glance at my experience in similar cases, and I must confess that, so far as appearances warranted, or human nature could make comparisons, I have lost cases, which, by this method, might have been saved.

HYSTERIA FROM CHLOROFORM.

On the 22d January, I was called to visit Mrs. M. She had

inhaled chloroform, the previous evening, because of severe pain in her chest. Her extremities were cold, her pulse small and frequent. She was vomiting incessantly, was perfectly conscious, but speechless.

The pain in her chest recurred in apparently agonizing paroxysms, during which by pantomime she well described the globus hystericus. Her idiosyncrasies from childhood were many and peculiar. She has been insane. I had some of the ammoniated tincture of valerian which I proposed to give her, but the odor of it induced so severe a paroxysm that those around feared she was dying. Determined then to depend more upon a mental impression than medication, I remarked that there need not be the slightest apprehension regarding her case, for I was satisfied that I could arrest the vomiting and allay the pain in less than ten minutes. Dropping some of the compound spirits of lavender into water, I ordered a teaspoonful to be given and repeated in two hours if necessary. The first dose was sufficient. She fell into a quiet slumber, from which she awoke in about two hours. A modified recurrence of the vomiting was arrested by a bowl of oyster soup.

In reference to my observation of the effects of chloroform in different cases, the following may be briefly noted:

Case 1. A lad upon whom I operated for hare lip. In this case there was an almost instantaneous depression of the vital powers. He sank pulseless, but soon revived.

Case 2. That of a negro woman, whose mamma I removed. In this case there was profound stupor for several hours after the completion of the operation.

Case 3. A child, aged $3\frac{1}{2}$ years, upon whom I operated for stone in the bladder. In this case there was high excitation and wild raving delirium, breaking out in the fiercest oaths and imprecations, while at the same time there was not any perceptible consciousness of pain.

Case 4. That of a gentleman, upon whom I operated for stricture by subcutaneous incision. In this case there was perfect consciousness of all that was passing and of every word that was spoken, but complete insensibility to pain. The gentleman, who is a high official, stated that he felt the knife

dividing the part, but the sensation was not accompanied by the slightest pain.

Case 5. A man whose leg I amputated. In this case, well marked opisthotonos was speedily produced, and we were compelled to discontinue its use and resort to stimulants. I have not seen death result from its administration. Whether the different effects I have alluded to, were caused by the different qualities of the article used, or by peculiarities of constitution in the individual cases, I am not prepared to determine. I cannot agree with those who attribute all singular and morbific effects to the deleterious quality of the impure article. I am satisfied that, however pure it may be, there are cases, such as numbers one and five, in which it would soon cause death.

ARTICLE V.

TWO CASES OF OVARIAN DROPSY SUCCESSFULLY TREATED.

BY J. H. BROWER, M.D., LAWRENCEBURGH, INDIANA.

The treatment of ovarian dropsy, by *tapping with pressure*, with a view to radical cure, has been presented to the profession by Mr. J. B. Brown, surgeon-accoucheur of London, in a valuable and lucid summary, of extreme importance to the profession. In the selection of cases, to which Mr. B.'s mode of treatment is specially applicable, a correct diagnosis is of the first importance. He considers unilocular cysts without adhesions, and with clear and not albuminous contents, as presenting the most favorable cases, especially where time and the condition of the patient admit of the persevering application of pressure; but that even cases of multilocular disease and others, where adhesions exist, may be materially benefited or retarded in their growth by pressure.

In tapping the ovary, Mr. B. lays the patient on her side, and prefers a large instrument, and insists that tapping with pressure should always be combined, both as a matter of precaution, when the origin of the cyst is obscure, and as affording increased probability of cure in any case. Compresses

of lint or linen should be so arranged as to present a convex surface, adapted as nicely as possible to the concavity of the pelvis; over these, straps of adhesive plaster should be applied so as to embrace the spine, meeting and crossing in front, and be extended from the vertebral articulation of the eighth rib to the sacrum. Over this strapping, a broad flannel roller, or a band with strings and loops which tie or lace in front, may be applied. A strap around each thigh will prevent them from slipping upwards. The bandages and compresses will require occasional adjustment, lest by an unequal pressure, the bowels or bladder may be subjected to inconvenience, and the crest of the ilium should be protected by some soft material.

The effect of pressure *before* tapping is fourfold in its operation. It sometimes retards the filling of the cyst; it may prevent the increase of the tumor; it sometimes brings about absorption of the whole contents; or lastly, it may produce a rupture of the cyst into the vagina, rectum, or peritoneum. *After* tapping, pressure tends to prevent the refilling of the cyst, probably, by compressing mechanically the bloodvessels which supply the fluid. The use of pressure is countenanced by its known good results in dispersing various tumors, or in arresting their growth, as in hydrocele, by strapping the scrotum. When tapping with pressure is resorted to as a means of cure, or even with the view only of retarding the progress of ovarian dropsy, medicines to stimulate the functions of the various abdominal organs, to correct faulty secretions, and generally to improve the health and strength, should also be administered.

The results of this plan of treatment, in a considerable number of cases reported by Mr. Brown, and others, have been extremely favorable, and should induce us to give it a trial. A case of unilocular encysted ovarian dropsy, in the practice of Dr. D. J. Jessup, of Ohio county, with whom I was associated in its treatment, and in which the above process of operation and management was faithfully carried out, ten pints of clear fluid have been drawn off by the trocar under his supervision, has resulted in a radical cure of the ovarian disease and restoration of general health, six months having elapsed without any appearance of a return of the disease. In 1845, a case of a

similar character, with the exception, that two distinct cysts occupied the right hypochondriac region, occurred in the practice of Dr. R. H. Torbet, of Dearborn county, upon which I practised the same operation, and after treatment, both cysts having been tapped at one time; after the evacuation of the fluid, amounting in both cysts to nine pints of turbid and albuminous fluid, firm and continuous pressure, by abdominal belts and compresses, was made; in the course of the first forty-eight hours, severe peritonitis set in, which was promptly subdued by venesection and calomel with opium, and with no other untoward event, the case progressed to a final and radical cure, the patient now enjoying perfect health. In both of these cases, iodine frictions over the abdominal surface, in connection with iron and hydriod. potass. internally, seemed materially to aid the cure.

ARTICLE VI.

WABASH, INDIANA, MARCH 27, 1858.

N. S. DAVIS, M. D.,—Allow me to offer for publication in the *Chicago Medical Journal*, the following *case*. I think it interesting, from the fact, that no trace of phthisis is known in the history of my ancestry, so far back as grandparents on either side. Could there be a phthisical origin farther back? I know of no cause save two years' confinement in an unventilated studio.

CASE OF HÆMOPTYSIS.

I, J. M. K., aged twenty-two years, a medical student, of a sanguine bilious temperament, was attacked August 1st, 1857, with hemorrhage from the lungs (while sitting in the office), ejected half a pint of florid blood, having no premonitory symptoms save an immediate ebullition in the chest; had been rather anæmic for several months; had a tooth extracted carefully by a dentist on the 4th of July, 1857; hemorrhage proceeded from the orifice, and was not arrested, notwithstanding the efforts made to do so, for nearly twenty-four hours; pulmonary hemorrhage recurred every night for several successive nights, sometimes twice in the same night; ten grs. of plumb. acid, and ¼

gr. ipecac., had been administered every four hours, together with gallic acid, wine of ergot, acid. tannic., and other astringents; pulse generally 100 to 110 per minute when from under the influence of sedatives, but was easily controlled by the use of tinc. of verat. viride. In addition to the above, rem. quinine was administered, to the effects of which, as well as to astringents, the disease was in no way amenable, but continued to recur at least once in forty-eight hours, up to September 2d, a space of thirty-two days. During the last few days of the disease, terebinthina was administered in fifteen to twenty drop doses *every three hours*, to the effects of it, and *it alone*, the disease yielded. I continued the use of trebin., in small doses, for a week or two after the hemorrhage ceased. I had a slight cough during the time the hemorrhage lasted, but have coughed little since; expectorate some, the appearance of which is not characteristic of pus as described in medical works. It is now five months since the last hemorrhage, and I feel quite well, but am using oleum jec. acelli in rye whisky, as an agent to ward off phthisis, for I think I have had a premonitory symptom at least of its incipient stage. I have not resumed the study or practice yet; think I had best spend the summer on some of the northern lakes, and think I will be an inmate of the Rush Medical College next fall and winter; would have been last, but was prevented by ill health.—Yours truly, a lover of Esculapian science, JAS. M. KINDALL.

ARTICLE VII.

A gentleman requested me last month to see an infant born the same day, which he said was "busted." I arrived at noon, found the stomach and intestines, except a portion of the rectum external to the abdomen, protruding through an opening about two inches long, by the side of the umbilicus. It died the following morning at ten o'clock. I made a post-mortem examination, found that the opening showed no indications of violence. The œsophagus was attached to the stomach, and seemed to be somewhat stretched. The other parts were *in situ*. S. W. WALLACE, M. D.

Black Earth, Wis., Dec. 4, 1858.

ARTICLE VIII.

TRANSLATED BY THOMAS BEVAN, M. D.

RESEARCHES ON THE ORIGIN AND CONDITIONS OF EXISTENCE OF EPILEPTIFORM CONVULSIONS, FOLLOWING HEMORRHAGE, AND ON EPILEPSY IN GENERAL.—BY A. KUSSMAUL AND A. TENNER.

The authors of these important researches have taken as a motto the following phrase of Esquirol: "Let us confess frankly that the progress of pathological anatomy, up to the present time, has shed no light upon the immediate seat of epilepsy. It must not, however, discourage us; nature will not always rebel against the efforts of her investigators." * The authors believe to have found the solution of the principal questions relative to epilepsy. I am not entirely of their opinion. I believe, on the one hand, that some of the solutions they publish do not appertain to them, for I had arrived at the same conclusions before; on the other, some of the solutions they propose appear to me erroneous or insufficiently demonstrated. However it may be, they have at least the merit of having approached with profound physiological knowledge (which was indispensable) the study of the phenomena of epilepsy, and of having sought to resolve the numerous questions relating to them, by the aid of rational experiments, and from the comparison of experimental facts with the pathological facts observed in man, I hasten to say, if they have emitted as "new" opinions which I had already proposed, it was evidently because they were unacquainted with my publications in this relation.

Want of space will oblige me to limit myself to the conclusions of Kussmaul and Tenner, adding simply a few remarks.

"1. The convulsions which supervene in cases of hemorrhage in warm blooded animals and in man, are similar to those observed in epilepsy."

This is not a new opinion. In old times, physicians have noted this analogy; and of late years, Dr. C. Bland Radcliffe has in-

* "Avouons franchement que les progres de l'anatomie pathologique n'ont jusqu'ici repandu aucune lumiere sur le siege immediat de l'epilepsie, cependant il ne faut pas se decourager; la nature ne sera pas toujours rebelle aux efforts de ses investigateurs."

sisted on this resemblance, because it was of much importance for his theories of muscular contractions and epilepsy.

"2. The same form of convulsions is manifested when we suddenly prevent the passage of red blood to the encephalon, by ligating the large arterial trunks at the neck."

"3. Epileptiform convulsions likewise occur when the arterial blood takes the character of venous, as after ligation of the trachea."

Marshall Hall showed a long time ago the resemblance between convulsions due to strangulation and those of epilepsy. What remained to be done in this relation was to show why asphyxia, why loss of blood, and why ligation of the carotid and vertebral arteries determined convulsions similar to those of epilepsy.

"4. It is very probable that the production of convulsions in those different cases depends upon the sudden interruption of the nutrition of the brain. This production does not depend on the changes of pressure which occur in the encephalon."

This is one of the fundamental points of the theory of Kussmaul and Tenner. They have arrived by the aid of very interesting experiments to emit an opinion which very much resembled those of several English physicians, and particularly those of Dr. J. R. Reynolds. For myself, I do not deny that a change of nutrition in the brain might engender an agent of excitation which, stimulating this organ, could determine epileptiform convulsions, but I believe it is much more probable that these convulsions are due to excitation caused by principles which are produced in much more than ordinary quantity in the stagnated blood filling the capillaries of the encephalon. The only one of these principles that I know, and perhaps no others exist, is carbonic acid. I have given this view of the subject in my book on epilepsy.*

"5. The epileptiform convulsions due to hemorrhage do not proceed from the medulla spinalis."

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* Researches on epilepsy, its artificial production in animals, and its etiology, nature, and treatment in man, Boston, 1856–7. These researches were first published in the *Boston Med. and Surg. Journal*, from Nov. 1856 to Oct. 1857. Several of the new theories there detailed had already been emitted in a communication that I made to the Med. Society of the XII. Arrondissement of Paris in Oct. 1856.

This proposition is not correct, which has misled the excellent observers whose ideas I expound; it is true in rabbits, animals upon which they have especially experimented. There is scarcely a trace of convulsive movement, where, after having cut the spinal cord across, we determine a hemorrhage, or when we suppress the circulation in the spinal column without cutting it, by the proceeding that Kussmaul and Tenner indicate; but in other animals, the sheep, according to Marshall Hall, the Guinea pig, birds, and even, but to a less degree, in cats, and also sometimes in dogs. After what I have observed, there are considerations where the spinal cord suddenly ceases to receive blood, especially if it be separated from the cervical region. To render the proposition of the authors we criticise strictly true, we must say the epileptiform convulsions due to hemorrhage do not proceed but in small part from the medulla spinalis.

"6. These convulsions are not due to the brain."

I have demonstrated, in a manner differing from Kussmaul and Tenner, the exactitude of this proposition, having removed the brain from epileptic animals, and the attack continued almost as before.

"7. The central seat of the convulsions is especially to be sought in the parts of the encephalon posterior to the thalami opticorum."

This results also from my own experiments.

"8. Anæmia of the parts of the brain anterior to the crura cerebi in man produces loss of consciousness, insensibility, and paralysis. When it is joined to convulsions, it ought to be attributed to alterations of the excitable parts behind the optic thalami."

I had tried to establish before Kussmaul and Tenner these two fundamental propositions: first, that in epileptic vertigo with or without convulsions the vessels of the cerebral lobes contract and chase the blood from this organ, and in consequence determine in it the condition present in syncope; second, that the cranium does not permit sensible atmospheric pressure to act upon the brain, it suffices that the cerebral lobes receive less blood, for the base of the encephalon to receive more, which

for several reasons that I have mentioned in my work on epilepsy, contributes to the production of convulsions.

"9. Anæmia of the spinal cord produces paralysis of the members of the respiratory muscles and those of the neck. If the diminution in the quantity of blood be sudden and considerable, there is sometimes but rarely tremors in the limbs preceding the paralysis. The sphincter of the anus comports itself similar to the sphincter of the eye; at the time of the anæmia of the brain, it contracts convulsively before relaxation."

I repeat, the convulsions are less strong in rabbits than in other animals.

"10. Convulsions in cases of hemorrhage are not due either to a moral cause or to a reflex influence."

I have tried to demonstrate that these convulsions were especially due either to excitation by carbonic acid, aside from the reflex influence of the cephalo-rachidien center, and in this my conclusion differs from that of the authors I criticise.

"11. Convulsions from loss of blood do not occur.

"*a.* In cold-blooded animals (at least in frogs).

"*b.* When the loss of blood is made slowly, so that the forces are gradually exhausted.

"*c.* When the animals are very feeble.

"*d.* When the nutrition of the spinal cord has been impaired.

"*e.* When large portions of the encephalon have been extirpated.

"*f.* In etherized animals.

"Without doubt, also, when the excitable parts of the brain have undergone some pathological modification."

It belongs entirely to Kussmaul and Tenner to have determined the influence of several of these circumstances, but they have not explained how this influence is produced. I will soon show that this explanation is very easily given, by admitting, on the one hand, that it is carbonic acid which excites the convulsions, and on the other, that it is necessary to have a sufficient quantity of the excitant, and a certain degree of excitability, that the convulsions may be produced.

"12. The brain in warm-blooded animals cannot be deprived

of blood but for a short time without losing the power of re-establishing its functions under the influence of the nourishing fluid, and apparent death is transformed into veritable dissolution. The encephalon in rabbits has preserved this power during two minutes."

It is very true what Kussmaul and Tenner believe impossible. It is in general for the dark blood, but for the red blood it is otherwise. (See the above proposition in my memoir on the properties of the blood, p. 117 to 126).

"13. It sometimes happens, after ligature of the vessels of the neck, that the muscles of the trunk and members die, and cadaveric rigidity manifests itself before the movements of the left side of the heart cease. The left side of the heart is not always therefore the *primum moriens* of the muscular system."

A long time ago I published facts analogous to these. I showed that cadaveric rigidity occurred in the posterior parts of a living animal, after ligation of the aorta. (*Comptes rendus de l'Academie des Sciences*, 1851, Vol. XXXII., p. 855 et p. 897). I had already seen cadaveric rigidity manifested in the face, neck, and members, while the heart was yet beating. (*Comptes rendus de la Societe de Biologie*, 1re *Serrie*, Vol. II. 1850, p. 154.

"14. The contraction followed by dilatation of the pupils during the agony is not a certain sign that death will inevitably follow, and that the return of life is impossible, as was believed by Bouchut."

"15. For the cure of convulsions occasioned by the absence of blood, there is no means more suitable than the return of the red blood."

"16. The antiphlogistic method (affaiblissante), and especially bleedings, ought to be always rejected in the treatment of epilepsy."

"17. The quantity of blood in the cranial cavity during life can be notably augmented or diminished by the aid of experiments."

"18. The quantity of blood is augmented in the cranial cavity, when the arterial current is allowed to re-establish itself, after having interrupted it by ligating the large arteries of the

neck (arterial congestion), when we ligate the veins of the neck (venous congestion), also when we cut the two cords of the great sympathetic nerve at the neck (arterial and venous congestion), lastly, when we tie the trachea during inspiration (venous congestion by asphyxia)."

The preceding propositions are not strictly correct. Certainly, the quantity of blood in the brain may vary, but only within very restricted limits. It is certain also that the quantity of blood can be notably augmented in *one part* of the cranial cavity, but only on the condition of a diminution in another part, which takes place especially when the great sympathetic is cut on both sides at the neck.

"19. Diminution of the quantity of blood in the cranial cavity is produced by hemorrhage and ligation of the arteries at the neck (passive anæmia), by galvanic irritation of the nerves of the vessels of the head (active anæmia)."

The galvanization of the great sympathetic nerve, as Callenfels and Donders have found, and as I have myself often seen, only acts upon certain bloodvessels, and the diminution of the quantity of blood in this case, as in the others (hemorrhage and ligature), is only local, and cannot operate when the cranium is not open, without there being augmentation in other parts, so that the anæmia of one part is accompanied by congestion of another.

"20. There is more blood contained in the cranial cavity after ligature of the arteries than after hemorrhage. The diminution of the quantity of blood always occurs equally in the small arteries, capillaries, and the smallest veins."

The small vessels generally empty themselves more than the medium and large veins and sinuses, which contain more blood as the small vessels are more empty.

"21. It is rarely possible to draw a just conclusion of the quantity of blood that exists in the cranial cavity during life by what is found after death. The last agony is accompanied by numerous circumstances which modify the current of the blood in the cranium, and it is possible, changes in its quantity operate even after death."

Changes in the absolute quantity of blood may certainly

occur; the quantity of the cephalo-rachidien fluid may be slightly modified; but atmospheric pressure, being almost without effect on the encephalon, the variations in the quantity of blood in the interior of the cranium cannot be considerable. Displacements may however occur, and one part may empty itself while another becomes exceedingly distended.

"22. The phenomena of the incomplete epileptic access proceeds from alteration of the brain, but those of the complete attack arise from alterations of the entire encephalon. Epileptic convulsions are rationally considered as in their source encephalic, and the spinal cord has probably only the *role* of a conductor who transmits to the muscles the excitations coming from the encephalon.

I have shown that vertigo, loss of consciousness, and insensibility, depend from the cerebral lobes not receiving blood, or not enough of it. As to the spinal cord, I have tried to show that it is not the principal source of the excitations which cause the muscular contractions, but that, at the period of asphyxia of the complete attack, it participates in the production of clonic convulsions; consequently, it is erroneous with Kussmaul and Tenner to attribute to it simply the part of a conductor.

"23. The anatomical alterations that have been described, or those most persistant, cannot be considered as the immediate cause of epileptic attacks, but only as circumstances that predispose to epilepsy."

This is what I have tried to demonstrate by chemical and experimental facts.

"24. Pathological anatomy cannot conduct us to any conclusion with regard to the nature of epilepsy."

"25. The sudden alteration of nutrition which modifies the normal condition of the encephalon, is not manifested until the moment of the attack."

These conclusions also result from my own researches.

"26. The arterial congestion does not appear to be capable of determining anything but the phenomena of paralysis (vertigo and apoplexy)."

This proposition harmonizes with the opinion emitted by my-

self, that it is especially carbonic acid that causes the convulsions in troubles of the circulation of the encephalon.

"27. Venous congestion of the encephalon, as well as arterial and venous congestion, engenders conditions which before being apoplectic are epileptic, and are characterized by reason of the paralysis of the glottis by a notable abasement of the respiration, and by less violent convulsive phenomena."

I avow I do not understand what Kussmaul and Tenner would say by this. Paralysis of the glottis never arrives as the initial phenomenon, and they do not explain how it can diminish the respiration and convulsions.

"28. It is not the *sphagiasmus* nor the *trachelismus* of Marshall Hall, but the *laryngismus* that must be accused as the source of that epileptic access. All the theories which make the epileptic attack result from a sudden afflux of blood, be it active, passive, or mixed, are false."

The trachelismus can contribute to augment the violence of an attack the same as all the other causes of cerebral congestion. The laryngismus plays a very great part in the production of an attack, but I believe I have demonstrated that it would not be true to admit that the principal part belongs to it. I have shown, besides, that spasm of certain respiratory muscles of the thorax have sometimes a greater part than that of the larynx in the production of epileptiform convulsions.

"29. It is probable that certain forms of epilepsy consist only in convulsions of the muscular walls of the vessels of the brain."

Before Kussmaul and Tenner I had endeavored to demonstrate, basing myself on the same experimental facts that they report, and others also, that certain forms of epilepsy, such as vertigo, etc., depend on contractions of the vessels of the cerebral lobes.

"30. The state that predisposes to the epileptic attack exists sometimes in the entire encephalon, sometimes in one part only, which produces in the rest an impaired condition that is the foundation of the epileptic attack."

I have only to say to this proposition, that I have tried to establish that the particular state that constitutes the predis-

position to the epileptic attack does not exist in the cerebral lobes, but in the parts which constitute the isthmus of the encephalon, adding perhaps a portion of the cervical cord.

"31. The medulla oblongata appears, inasmuch as it is the origin of the nerves of the constrictors of the glottis and the vaso-motory nerves, to be most ordinarily the point of origin of eclampsic and epileptic attacks."

I had already emitted this opinion, but in adding that the protuberance, and perhaps a part of the spinal cord, ought also to be regarded as points of origin of the convulsive attacks, not only because, according to my researches, they gave birth to the vaso-motory nerves, but for other reasons that may be found in my book on epilepsy.

E. BROWN-SEQUARD,

Journal de la Physiologie de l'Homme et des Animaux

RESEARCHES ON THE INFLUENCE OF THE NERVES IN INFLAMMATION.—BY H. SNELLEN.

This interesting work is recapitulated in the following conclusions:

"1. Excitation of the nerves of sensibility determines, by reflex action, the contraction of the bloodvessels of the neighboring parts."

It may determine contractions of very distant bloodvessels: for example, the irritation of one hand by cold will cause the contraction, by reflex action, of the bloodvessels of the other hand, as M. Tholozan and myself had already found some six or seven years ago.

"2. The contraction of the bloodvessels is followed after a little time by their dilatations."

"There is not any proof that in the walls of the vessels there exists any other nerves than those that cause their contraction."

"4. The nerves of the bloodvessels modify nutrition, by acting upon the calibre of these conduits."

"5. The inflammatory process does not consist essentially in a modification of the nervous influence."

"6. The inflammation of the cornea that manifests itself

after section of the trifacial nerve, is not the direct result of absence of nervous influence in the ganglion of Gasserius."

This last point, which is the most important, is established by Snellen, by the absence of alteration in the eye, or, at least, in the cornea after section of the trifacial nerve, when he took care to cover the eye, holding the lids shut and covered by the ear of the animal. Under these circumstances, the drying of the cornea could not occur, and the light could not irritate the eye. I exhibited to M. Magendie, about nine years ago, that in frogs, after ablation of the medulla oblongata and Gasserius' ganglion, the two eyes remained in a perfectly normal condition entire months, so long as the animals were kept in a very cold, dark, and humid atmosphere. E. B.-S.

BOOK AND PAMPHLET NOTICES.

On the Use of Iron. By Isaac Casselberry, M. D., Evansville, Ind. Extracted from the *American Journal of the Medical Sciences* for April, 1858.

Dr. Casselberry is a hard worker in the profession. He has given great attention for many years to the pathology and therapeutics of fever, and recently produced two excellent papers, which have been extensively noticed in a very favorable manner by our cotemporary journals. They were on the Use of Quinine in Fever, and the Use of Water in the same disease. This last pamphlet of twelve pages contains much valuable information on the use of iron in fever and its sequela, and should be read extensively by the juniors of our profession in the west. We know no better way, however, to impress our readers with the merit of this production, than to present them with the following disconnected extracts. As to their discriminating judiciousness and practical utility, there will be but one opinion with the experienced.

After the employment of appropriate remedial agents, and the removal of the more manifest symptoms of fever, there often remains an impoverished condition of the blood, which is a fertile source of local dependant forms of disease, especially when, during the progress of fever, a chill from time to time

occurs. This condition of the blood is *sensitively* evinced by lesion of nutrition, loss of nervous energy, want of appetite, muscular debility, and more or less perversion of secretion; and *it is caused by deficient developmental intensity of the molecular combinations of the elements of the blood.* * * * * * *

From the physiological fact that the globules do not contribute to the nutrition of the tissues until they have attained maturity; that they will not mature normally without certain increments of iron; that when these are normally present they greatly promote the developmental intensity and activity of the blood-cells; that they increase the capacity of these cells for the absorption of the oxygen of the atmosphere and for the secretion of carbonic acid gas from the blood, by which the globules assume a bright-red color; that the blood in this manner oxidized is conveyed and introduced into the capillaries, in which its elements are transformed, matured, and appropriated to the nutrition of the tissues, evolves animal heat, and absorbs the effete constituents of the transformed tissues; and that the pathological states which are produced are those which are dependant on imperfect molecular development of the globules, and the consequent deficient oxidation and depuration of the blood; we can appreciate the causes of the perverted condition of the different forms of the automatic nervous force, the abnormal forms this force assumes in the molecular combination of the elements of the blood, when all development is deficient, and the best means to effect its tranquility and early restoration.

Iron is the most efficient agent to promote the normal restoration of these lesions, because it supplies the element required to promote the growth and maturity of the protein globules. The effects of few medicinal substances are more immediate or more remarkable than that which results in disease from deficient cell development from the exhibition of iron. * * * * *

Several of the compounds of iron are often given in larger doses than is necessary when the design is to promote the absorption of the iron into the blood. This observation applies especially to the carbonate, sulphate, and muriated tincture. The regeneration of the globules, when much diminished in quantity and altered in quality, must require considerable time.

That the efficacy of a ferruginous compound is not in proportion to the quantity of iron it contains is shown by the fact that many mineral waters are very powerful, though they contain less than a grain in the pint. This fact clearly evinces the necessity of the greatest care in the selection of the compound we are about to employ; because the efficacy of iron often depends on the compound used and its mode of administration. De-

ficient cell-growth, which occasions the necessity for the employment of iron, causes a vast multiplicity of symptoms, which are produced by the functional disturbance of the visceral glands. The compound of iron should, as nearly as possible, be adapted to the particular state of the digestive organs, that it may be readily absorbed and elaborated with the nutritive elements of the blood; for this is the only mode by which iron can promote the growth and maturity of the blood. Sir James Murray first recommended the administration of iron in the following mode: Dissolve one drachm of the bicarbonate of soda in four ounces of water; then add to this one drachm of the muriated tincture of iron. The draught should be taken during effervescence. It should be repeated three or four times a day. Although the quantity of iron is small, yet it is in a state of subdivision so minute as to favour greatly the absorption of each increment. The double decomposition which takes place forms, as one of its products, muriate of soda. This saline is most congenial to the development of the globules.

During the protracted continuance of fever, diarrhœa, dysentery, or any other form of disease, during the autumn or winter in the Southwest, the use of iron according to this suggestion of Sir James Murray, is often attended with the greatest efficacy, especially when the fever, or other form of disease, assumes what is usually termed a typhoid fever. The iron should be administered every three or four hours, alternated with other appropriate remedies. The minute quantities of iron and muriate of soda thus presented to the digestive and absorbant glands, which have been so long deranged and weakened, stimulate and promote the growth and maturity of their cells, and thereby favor the digestion and accelerate the absorption of any nutritive or medicinal substance. This will be clearly evinced by the increased secretion, which will take place in a day or two from the beginning of the use of the iron. The biliary, urinary, and cutaneous secretions will be greatly augmented; the tongue will become more moist, the thirst less urgent, and the sleep more tranquil.

An Essay on Prolapse of the Funis, with a New Method of Treatment. By J. Gaillard Taylor, M.D., Physician to the Demilt Dispensary, New York City. Read, February 3d, 1858, before the New York Academy of Medicine.

This paper is intended to illustrate the importance of posture in the treatment of cases of prolapsed funis. It will be recollected that the axis of the superior pelvic strait and the uterine cavity is represented by a line drawn from a point just

above the umbilicus to the lower end of the sacrum. When, therefore, a parturient patient is supine, the umbilicus pointing from the most prominent part of the abdominal tumor, the axis of the uterine cavity will be represented by a line drawn at an angle of forty-five degrees above the horizon, and the sacrum and posterior wall of the uterus form an inclined plane, lubricated to vexatious slipperyness, down which the cord persists in sliding, despite repeated efforts to return it. Dr. Taylor, by causing the patient to assume the prone posture, with the knees drawn under her, suspends the umbilicus at the most dependent point of the abdominal tumor, and thus makes an inclined plane of the pubis and anterior wall of the uterus, *conveniently* slippery to allow the cord to slip toward the fundus uteri. It will be seen that by this management we counteract the most efficient cause of prolapse, and promote, by the power of gravity, its tendency toward the fundus instead of the os uteri, and cause it to fall *up* instead of *down*, so far as the *via-parturientis* is concerned.

Dr. Taylor suggests the following rules for our government in what he calls very aptly the postural treatment of prolapsed funis:

"1st. If the cord be detected in the unruptured bag, the woman should be placed in position before the water escape, and that no efforts at return of the prolapsed part be made by the hand. The position alone will, I believe, cause its return to the uterus, and if it does not, we may do so manually as soon as the waters escape."

"2d. That if the pelvis be so fully occupied by the presenting part as to preclude return of the cord by the hand, a gum-elastic catheter and tape to be used as a porte-cordon."

"3d. No manipulation should be commenced until the woman be placed in position."

"4th. In returning the cord, the whole hand should be introduced into the vagina. This is essential to success; the finger alone will fail."

This is an ingenious and we think promising method of remedying a perplexing and dangerous class of labors.

The pamphlet is illustrated by two drawings, which demon-

strate very conclusively the philosophy of the premises upon which the valuable suggestions of Dr. Taylor are based. One of the figures is the median section of a patient lying on her back; and the other the same turned on the face, with the hips elevated by placing the knees perpendicularly under them. We are thus explicit, because we desire to enable our readers to avail themselves of this method of treating such cases.

Lectures on the Sulphate of Quinia, delivered in the regular course of the Med. Depart. of the University of Michigan. By A. B. Palmer, M.D., Prof. of Materia Medica and Diseases of Women and Children. Published by the Class.

These five lectures were singled out by the class from Prof. Palmer's excellent course of instruction for last winter, as deserving of special attention from the Western student, and published. We think they were deserving of that compliment, being well written, full of useful information in regard to the therapeutical application of that drug, and fully up to the times in the many authorities upon the subject.

Dysentery, its Pathology and Treatment: Clinical Lectures at Jackson Street Hospital. By Robert Campbell, A.M., M.D., Demonstrator of Anatomy in the Medical College of Georgia, and Lecturer on Clinical Medicine at Jackson Street Hospital.

This paper of Dr. Campbell's is written with considerable care, and evinces much experience and thought, and will reward anybody who may take the time to read it. By the way, why is it that so many remedies of very different character are praised as being extraordinarily successful in dysentery? Because all cases and epidemics are not alike, and are not amenable to the same treatment. That only half explains the difficulty. Two physicians in the same vicinity, at the same time, during the same epidemic, and as far as can be judged in the same class of cases, will pursue a very different, nay, to all appearances, entirely opposite course of management, and yet succeed probably equally well. Can these facts be accounted for on the principle of one powerful impression calling off the nerve force and vascular momentum from the parts affected, and thus weaken the morbid action? And thus allow in reality of more than one right way to perform a cure? We think so. We

believe this therapeutic means of counteracting one impression by inducing a series—one after another—of different impressions, by medicines, by mental action, change of habits, a revolution in the state of things, out of which normal action may be instituted, through the recuperative efforts always made by the system under all possible circumstances, is too often lost sight of when it might be made available. Salts, quinia, tannin, opium, acet. lead, cold water, ice, in fact, the thousand and one remedies that might be named that have cured this disease, cannot produce the same physiological impression on the great vascular, nervous, and secerning systems, and yet they may all cure. The secret of their operation is: they all do produce an impression, not on the part diseased directly, not on the blood in a manner calculated to heal the bowels, but on the nervous, secretory, and vascular systems, all in such a way as to embarass the morbid action, by inducing a condition in them all different from what existed in the beginning of the disease. Young physicians are often puzzled to know why Dr. A. does not treat the same disease just like Dr. B. The reason is that he has learned to cure disease by different methods, probably just as well, but certainly not in the same way. This comprehensive view of the *methodus medendi* intelligently carried out will relieve us from the disagreeable routinism of prescribing this remedy for that disease, and expecting invariable results from the same thing under what appears the same circumstances. We may select different modes of attack by sapping and mining, scaling, or by direct fire at the object. We will seldom, however, be in possession of the remedy that after entering the mouth and stomach proceeds directly to the part affected, but must be conducted around it until it is undermined and overturned.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

We have just received the first day's proceedings of this body, together with the annual address of President P. F. Eve, of Nashville, and as it contains a succinct account of the history

of its proceedings up to the present time, we give place to it in our editorial columns.

The officers elect are—for President, Dr. Harvey Lindsley, of Wash., D. C.; Vice-Presidents, Drs. W. L. Sutton, of Ky., Thos. O. Edwards, of Iowa, Josiah Crosby, of N. H., W. C. Warren, N. C.

ADDRESS.

Gentlemen of the American Medical Association,—We meet under most auspicious circumstances, and have been welcomed to the most favorable position ever occupied by our profession on this continent. The very ground on which we stand may be considered sacred; has been set apart from a common to a special purpose, and is national. Invited as we have been to this magnificent temple, furnished and dedicated by a generous foreigner to science; in the presence of that towering monument, designed to commemorate the worth of him ever enshrined first in the hearts of his countrymen; surrounded by the glorious recollections constantly associated with this government; and before the great men and assembled wisdom of the nation; it becomes us to discharge the important duties which have called us together with honor to ourselves and benefit to our profession. Inspired by its benevolent spirit, and invoking the aid of an ever present and omnipotent God to preside over our deliberations, we may here renew our professional obligations, learn to love each other better, and resolve henceforth to be more faithful to our high vocation, that its dignity may be maintained and its usefulness extended.

Knowing as I do full well the value of time in our short sessions, and how much is expected from this meeting, the half hour set apart for this customary address will be restricted to subjects appropriate to the occasion. From this stand point in the history of our meetings, it is proper to recall what has already been achieved, that we may be better prepared profitably to engage in the labor now awaiting our deliberations. This summary of our transactions is the more necessary, since, by a disastrous fire in 1851, the first four volumes of our proceedings have been destroyed, and are of course inaccessible to all new members, the last report of the commitee on publication having announced the fact that not one complete set of them was on sale.

The grand object of a convention of the physicians of the United States, held the previous year in the city of New York, was carried into effect in Philadelphia, May, 1847, by organizing

this association; and just ten years ago, the first general assembly met in Baltimore. Since then, annual meetings have been convened in our large cities for the transaction of business, and the proceedings regularly published each year. Ten large octavo volumes now comprise the transactions of the American Medical Association, being the contributions of its two thousand members delegated to represent the medical institutions of thirty States and Territories.

As set forth in convention, the ultimate purposes of this body are to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the usefulness, honor, and interests of the medical profession; and collaterally to enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men; to excite and encourage emulation and concert of action in the profession, and to facilitate and foster friendly intercourse between those engaged in it.

In carrying forward these desirable changes, embracing as they do medical science, medical education, and medical ethics, no one believes that we have done everything demanded for the good of the profession, or that all our great designs could have been attained in the brief space of ten years. The work assumed by the association, it was well known, would take time, labor, and united efforts. It comprehended higher requisitions for admission into a learned profession; prescribed the course of instruction; demanded a separation in the teaching and licensing power; proposed a code to regulate the intercourse between physicians, their patients, and the public; and claimed that every one within its pale should assiduously cultivate the science of medicine and promote its best interests. And however extensive or radical may have been these contemplated plans, still on the whole it can safely be assumed that the American Medical Association has been no failure.

It has advanced medical knowledge, and promoted the usefulness of the medical profession. There will be found in the ten volumes of its printed transactions the results of the meetings held in Baltimore, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Philadelphia, Detroit, and Nashville, that no less than three hundred pages are devoted to medical education; over five hundred to hygiene, including the sanitary condition of many of our large cities; six hundred to botany and indigenous plants; one hundred and fifty to obstetrics; four hundred to medical literature; seven hundred and fifty to medical science proper; more than a thousand to surgery; and two thousand to practical medicine, including

the epidemics and prevalent diseases of nearly every State in the Union.

Special reports have been made from committees appointed for the purpose, on the effects of anæsthetic agents, ether and chloroform; on the influence of tea and coffee on the diet of children and the laboring classes; on the supposed influence of the cerebellum over the sexual propensities; the results of operations for the cure of cancer; the introduction of water and gas into cities; two reports on the blending and conversion of types of fever; the action of water on lead pipes and the diseases proceeding from it; affections of the uterus; a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths; the sources of typhus fever and the means of their extinction; the permanent cure of reducible hernia; the topical use of water in surgery; the agency of refrigeration by radiation of heat as a cause of disease; the results of surgical operations in malignant diseases; the acute and chronic diseases of the neck of the uterus; the nature of typhoid fever; coxalgia or hip-joint disease; the treatment of morbid growths within the larynx; the sympathetic nerve in reflex phenomena; the medical and toxicological properties of the cryptogamic plants of the United States; erysipelas; the influence of the hygrometrical state of the atmosphere on health; the diet of the sick; pathology, causes, symptoms, and treatment of scrofula; the preservation of milk; the effects of alcoholic liquors in health and diseases; hydrophobia; the changes in milk produced by menstruation and pregnancy; the sanitary police of cities; treatment of cholera infantum; use and effects of nitrate of silver applied to the throat; strychnine; infant mortality in large cities, the sources of its increase and means of its diminution; medico-legal duties of coroners; new principle of diagnosis in dislocation at the shoulder-joint; the flora, fauna, and medical topography of Washington Territory; the nervous system in febrile diseases, etc., etc.

Prizes have been awarded by the association to the authors of the following essays, viz: On the corpus luteum of menstruation and pregnancy, for 1851.

On the variation of pitch in percussion and respiratory sounds in physical diagnosis, for 1852.

On the cell, its physiology, pathology, and philosophy.

And on the surgical treatment of certain fibrous tumors of the uterus, heretofore considered beyond the resources of art, for 1853.

On a new method of treating ununited fractures and certain deformities of the osseous system, for 1854.

On the statistics of placenta prævia, for 1855.

On the physiology and chief pathological relations of the arterial circulation, for 1856.

On the excito-secretory system of nerves, its relations to physiology and pathology.

And on experimental researches in relation to the nutritive value and physiological effects of albumen, starch, and gum, when singly and exclusively used as food, for 1857.

Carefully prepared reports have been published by the association of the various epidemics and diseases which have prevailed during the past ten years throughout our widely-extended country, and the mortuary statistics and public health of our large cities minutely ascertained. Charts, maps, diagrams, tables, and plates have been freely employed to illustrate these subjects, so important to the general welfare of the people. Every State and Territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers, have specially claimed the attention of our members. The communications on deformities after fractures, found in our eighth, ninth, and tenth volumes, constitute the basis of the best monograph ever issued from the press. This work, it may be predicted, will do more than all others to check the reckless and speculative spirit of suits for mal-practice against medical men; for in addition to teaching a useful lesson to the profession in the prognosis of fractures, its testimony is so conclusive in reference to the usual results of these accidents, that judicial decisions must hereafter be regulated by it.

Besides these contributions to medical knowledge, this association has taken action to prevent the importation into our country of "worthless, adulterated, and misnamed drugs, medicines, and chemical preparations," for which a member of the United States Senate has publicly declared that if we had accomplished nothing else, this alone should have entitled us to the gratitude of the nation; it recommended to the different States the adoption of a regular system of registration of births, marriages, and deaths; memorialized Congress to secure steerage passengers in our emigrant vessels medical attention, and due amount of space between decks; appointed a committee to ascertain the best means of preventing the introduction of disease by emigrants into our large cities; and considered many interesting individual cases.

This is a mere index to what the American Medical Association has done for medicine during the first ten years of its existence. A simple reference to the professional facts spread out upon its

pages, is abundant and satisfactory proof how extensive, varied, and valuable are its contributions to medical science, and its ten volumes an overwhelming and congratulatory answer to the taunting proclamation of the Edinburgh Review of 1820, "What does the world yet owe to American physicians and surgeons?" In September, 1854, the editors of the Association Medical Journal of Great Britain published our code, and declared that this body of physicians was the most enlightened representatives of the greatest medical constituency in the world, of which it would be presumptuous in them to speak in terms of praise. They said of the volumes of the *Transactions* already published, that the duties of the standing committees have been ably and thoroughly performed; that the progress of medical science as a whole, its prominent divisions into practical medicine, surgery, and obstetrics, carefully and accurately traced in a series of reports worthy of the highest praise, had been reported in a clear, concise, and comprehensive manner, reflecting the highest credit upon the committees, and also upon the association in selecting them for their respective duties; and in regard to what has been done in the laborious investigation of the indigenous medical flora of the Union; examination into and reports upon the adulteration of drugs; sanitary condition of the various States, and difference between them in the public health; the study of epidemics and of special scientific subjects; the committees, continue these European medical authors, have collected and published a vast amount of highly valuable information. They moreover assert their belief that our success, especially in ethical reform, depends solely in the moral power inseparable from a constitution based upon the principle of equal representation, which they affirm they not only greatly admire, but can scarcely refrain from envying.

Here, then, is a reply to the above invective pronounced against the medical profession of America, voluntarily called forth from the countrymen of its author, and before he had been in his grave ten years,* by the contributions of this body to medical science within seven years of its organization. Upon such disinterested evidence, such full, free, and candid confessions, and from such a source, may rest the claims of the American Medical Association for proofs of the benefits it has conferred on medicine. A most active and powerful agent in disseminating useful medical knowledge on this continent, it is highly probable that no similar institution has ever been more successful in carrying out its chief object

* Sidney Smith died in 1845.

—the promotion of science—than the one now assembled in this hall.

It has done something (perhaps, all it could under the circumstances) to elevate the standard of medical education. An influential motive calling forth this organization, was the proposed attempt to correct the defects in the plan of instruction and conferring the degree, then generally adopted in our medical colleges; and one of the first resolutions passed, even when the profession had assembled in convention, was the creation of a committee to report at an early day on these exciting subjects. Improvement in the system of teaching medicine, and a change in the power granting the diploma, if not reformation in the schools, have ever since agitated the profession, and consumed a considerable portion of the time of our sessions. The only power to control the economy of the colleges which this body possesses, is exclusively moral, advisory, or recommendatory, and not legislative or legal; and while it may be true that no set of resolutions, presented by the several committees, have been fully carried into effect, still it cannot be denied that important changes calculated to advance medical education, have nevertheless been made. At least seven professors compose the faculty in all our schools, the one or two exceptions to this being in those in which the science is taught nine consecutive months. Not less than a period of four full months' instruction now constitutes a course of lectures, and even this is exceeded in most of the institutions. But one annual course is now delivered with scarce an exception, and an interval is thus allowed for reading or private instruction. The association has clearly defined what shall be taught. It has inquired into the practical operation of all the colleges of the land; scrutinized the general condition of medical teaching in every State; compared it with that of the most enlightened nations; called attention to preliminary education, and declared what it ought to be; advised higher requisitions and a more rigid examination for obtaining the degree; and has, by its free discussions and oft reiterated expressions in regard to the business of teaching and regulating the schools, undoubtedly prevented greater abuses. It has never ceased to urge at every meeting, the pressing necessity for a more thorough preparation, and greater attainments in candidates for the honors of the profession.

This subject, gentlemen, is one upon which you will be called to take action. A committee chosen at Nashville, is to report here on medical education. It is composed of gentlemen from different sections, who, while familiar with the systems of teaching medicine in our country, are yet disconnected from all the col-

leges. It would seem to be a desirable object to settle at this meeting the future relation of the schools to this association. Our sessions then might become less educational in character, and hereafter more scientific. And at the present stage of our proceedings, after all that has been said and done on the subject, the time has surely arrived for a decision. I cannot believe the colleges have any interested motives before this body; they of all others should be the last to oppose a more thorough cultivation of medicine, and ought, by such a course to become unworthy of their trust, and unwelcome members of a great national congress of physicians, whose grand design is to promote medical science. We have now reached a period in our history, when this voluntary association is to determine what medical organizations, be they State, county, or city societies, hospitals, boards, or schools, are entitled to be represented in its meetings. It alone can, of course, prescribe the requisitions for its own delegates. If created to improve and advance medical education (and this is in accordance with its own expressed declarations), then it is quite certain the schools must be controlled. It has but to speak on this point and it will be obeyed, for it is now too late for any physician to oppose, or any medical college to set at defiance the moral power of this body.

As to the first object of an ethical nature over which the association designed to exert its influence, that of enlightening and directing public opinion in respect to the duties, responsibilities, and requirements of medical men, we are free to confess little or nothing has been done. Nor is there much probability that any great change will soon, if ever, be effected. The work itself, in the very nature of things, is utopian. How is it possible to enlighten or direct the public mind on the economy of a science which it practically denies to exist? We ought to recollect that the time has not long passed since grave professors in our colleges signed certificates recommending nostrums; or what was done even last year in London, at Middlesex Hospital, by its regular surgical staff. These reminiscences, however unpleasant, may serve somewhat to moderate our indignation against those who would insult the profession, or who entertain a very low estimate of the scientific acquirements of physicians, even at the present day. The profession must first fully comprehend its duties and responsibilities, and the proper and special qualifications for the practice of medicine, before any attempt can succeed to get the public to appreciate what these are, or acknowledge the ethical impropriety of employing secret remedies. If we make no distinction between the regular and irregular practitioner, between the physician and the proprietor

of a nostrum, we are alone censurable that two such opposite characters are so generally confounded by the community. Until we are more honest, more united, truer to ourselves and our calling, and cultivate a proper *esprit du corps*, in vain is it to expect a change in public opinion regarding medical science. To prevent disease or relieve the sick is a most benevolent and honorable vocation, and when one conceals for selfish ends a valuable medicine, he ceases to be honest and is void of philanthropy; for, by attempting to place a moneyed valuation upon pain and life, he becomes a trader in human physical sufferings; he estimates in dollars and cents the groans and tears of his fellow-creatures. He may profess what he pleases, but his piety is not of the Bible, and has not a jot or tittle of Christianity about it, for that teaches us to love our neighbors as ourselves. Eschewing politics, and seeking no aid from State or Church, we should become a law unto ourselves, or rather act above all law save the divine, since it is quite certain we alone must protect the honor of the medical profession. And thank God, standing this day, the proudest of my life, before this goodly assembly, and at the capital of our common country, I can announce that here, to the American Medical Association, it may with safety be forever confided. By its recent acts, proclaimed throughout the length and breadth of this wide domain, this body has denounced all fellowship with irregular practices, and erected a barrier impassable to honor and respectability.

Having learned wisdom from a more careful examination of the statistics and results of deformities after fractures, the question occurs if we have not ourselves unwittingly made patients expect too much from remedial agents. Disease in itself is a destructive process, which we can only prevent or relieve, and as, of course, we cannot create or restore, should we not, therefore, be more chary of the little word "cure?" The monument erected to Ambrose Pare, the father of surgery, bears the modest inscription, in reference to the wounds he treated, "*Je les pansay et Dieu les guarit.*" * Empirics may boast that they cure, and doctors of divinity may sustain them, but the physician knows it is God who healeth all our diseases.

On that branch of ethics which relates to ourselves—that of encouraging emulation and concert of action among physicians, and fostering friendly intercourse in the profession—the association has been eminently successful. It has far exceeded the most sanguine expectations in overcoming all opposition; in creating an admirable code, now adopted everywhere; in or-

* Ancient French.

ganizing state, county, and city societies; in bringing together physicians from the remotest parts of our immense territory; in awaking the whole profession to its true interests; and in blending us into a common harmonious fraternity. Without law or authority, but by moral suasion have we been united as one man, and possess this day the power to be felt over this entire continent. There never has been a more propitious period for medicine in America; never greater evidence of vitality and extended usefulness in our ancient and benevolent calling; never better feeling or more confidence of success than now by our united effort to do good in the great cause of suffering humanity.

We have seen, gentlemen, how much this association has achieved in its infancy to elevate honorable medicine. A wide field for scientific investigation is before us; much territory still remains to be redeemed; the wilderness is yet to blossom as the rose, and the leaves to be gathered for the healing of nations. The hygienic condition of the nation, of such immense interest to our people—that first and important question ever before the profession, the prevention of disease—is to be improved. We are to search after truth, and when found, it is to be generously applied for the good of mankind. The work is a self sacrificing and benevolent one, but it is grand and sublime, even God-like; for it has to do with pain and disease, life and death; and we rejoice to know that, whenever or wherever called upon, the members of our profession and of this association have never failed in any duty, and have been faithful to the end. Yea, many of them have stood alone between the living and the dead, and cheerfully laid down their lives to stay the pestilence and destroyer.

The very waters at our feet, as they sweep onwards to the ocean, pass in sight of a city where three years ago no less than four-fifths of our profession in that community, swelled, too, as their ranks had been by volunteers from this body, fell manfully contending with disease and death; and on a late occasion, when one of our steam-packets, having been injured by a collision, went down in an instant, carrying every soul on board into the depths of the ocean, among the passengers was a member of this association. To the inquiry where was he during the heart-rending scenes of a sinking ship, freighted with human lives, promptly came the affecting and sublime eulogy from one who knew him well, that so long as a woman or child remained unprovided for, he* never left the ill-fated

* Prof. Carter P. Johnson, of Richmond, Virginia.

Arctic. How near akin was his gallant spirit to that of him, who, during a subsequent and similar occurrence, after seeing every woman and child committed to his care safely rescued from his foundering bark, after sending the last parting message to his family, and discharging every duty without one lingering ray of hope, calmly assumed his commanding position on the deck of his vessel, and as she glided from under him into the yawning billows, instinctively uncovered to meet his fate and his God. While the wild waves are sighing a requiem over the unseen burying places of these illustrious dead, the benedictions of a grateful people are continually ascending over the forty graves of the martyred heroes of Norfolk. These were our companions, who died in the noble service of that calling to promote the best interests of which has assembled us together.

Gentlemen of the American Medical Association, we have convened for important purposes; great events are before us; the interests of humanity are here; the hopes of the profession are in this meeting; the eyes of the medical world are upon us. May we then so act in view of surrounding circumstances, that "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration."

ILLINOIS STATE MEDICAL SOCIETY.

We hope it will be borne in mind that the Illinois State Medical Society will meet at the city of Rockford, Tuesday, June 1st, 1858. Our cotemporaries have very generally noticed the last year's transactions of the society, and we are proud of the commendation so universally awarded to the papers contained in them.

The profession in the State of Illinois is taking a position for respectability and intelligence, foremost in the march of scientific progress.

LONDON LANCET.

This venerable and valuable journal comes to us for April, from Messrs. Stringer & Townsend, New York, filled with choice articles from the pens of the ablest living writers. It is republished in this country at 222 Broadway, N.Y., for the extremely low price of $5 per year. We know of no one journal that will so many times (for we think there are none but what more than does it) pay the subscription price as this.

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Proto Iodide of Iron..... "
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Lactate of Iron.....in bulk
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Sulphate of Quinine.....in bulk
Valerianate of Quinine..... "

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Willow Charcoal..... .....in bulk
" " .....Bottles of 150 Dragees
Diascordium.....in bulk
" .....Bottles of 130 Dragees
Anderson's Anti-bilious and Purg. Pills.in bulk
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Extract of Gentian.....in bulk
Iodine of Potassium..... "
Calcined Magnesia..... "
" " .....Boxes of 200 Dragees
Rhubarb..... .....in bulk
" .....Boxes of 100 Dragees
Ergot, powder cov'd with sugar as soon as pulverized.....iu bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
Washed Sulphur.....in bulk
Sub-Nitrate of Bismuth..... "
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Tartrate of Potassa and Iron.....in bulk
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Dragees of Copaiba, pure solidified..... in bulk
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" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
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Extractum	Aconiti Fluidum,	One	fluid	drachm	is	equal	to	½	a	drachm of the crude material
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S..	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

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Helonin,	Helonias Dioica,	1 75
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Strychnin,	Strychnos Nux Vomica,	3 00
Trillin,	Trillium Pendulum,	1 00
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" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
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THE CHICAGO

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

SURGICAL CASES.

BY C. BRACKETT, M. D.

ROCHESTER, FULTON CO., INDIANA, APRIL 30TH, 1858.

EDITORS OF CHICAGO MEDICAL JOURNAL,—I notice in the April No. of the *Journal* (page 191), that you have an article post-marked "Rochester, Indiana," wanting a signature. I sent several articles, a part of which only have appeared. You will know my writing by this. If they are alike, use my name. I can tell if the article is mine when I see it, and if it should prove not to be mine, I can correct it. I supposed the reason of their not being published all was that they lacked interest.

I sent, a few years ago, the details of a case of ascites, which I thought interesting, but never heard from it, so supposed it was not considered worthy of publication. I thought it of interest, from the fact, that the patient recovered, and that I had taken at different times extraordinarily large quantities of fluid from her; as, at one tapping, one hundred and twelve pints, at another, ninety-six, etc. For the past five years, the patient is hearty. This, with several other cases of dropsy, I will send, if you

think they are worth publishing. I send herewith some cases of injuries of joints.

Case 1. Louisa E. Brackett, aged 6 years, last November, knelt down to pull out the lower drawer of a bureau. A No. 6 needle was sticking point foremost in the carpet; she knelt on it, and it entered the knee joint of right leg; entered the femur on a line below, and to the inside of the central line of the patella. On extending the leg, the needle broke off, leaving about the fourth of an inch of the head in the femur. The other piece I removed a few minutes after the accident. Treated the case by perfect rest to the joint, maintained by splints, *opiates*, or rather opium, *as often, and as much as necessary to procure perfect rest*; laxatives as necessary; tinct. iod. sat. as local application, and cloths wet with spirit lotion. After six weeks, she could begin to touch the foot to ground, and swelling began to abate; thenceforward the swelling abated rapidly, and the joint resumed its functions perfectly.

Case 2. Miss Marine, of Gilead, Miami Co., a few weeks since, ran a No. 6 needle point foremost into the knee joint of right leg when knee flexed. Needle entered from above, pierced the cartilaginous portion of inferior end of femur, internal to patella, was driven in out of sight. I saw her three weeks and five days after the accident. Knee had suppurated and opened, each side discharged freely; treatment had been antiphlogistic anodynes, *sparingly* used.

I made an opening at the point of puncture, found the head of needle one quarter inch below surface, removed it with some little trouble. Needle was *bent* like a fish-hook, caused, I suppose, from point of needle having entered the upper articular surface of tibia, and having been turned up by extending the limb after the accident. Patient is doing well.

Case 3. *April* 9, 1858. John Wilson, aged 11, was struck on external ankle by stick of timber to which horses were attached. Tibia was burst through integuments of inner ankle, making wound half of circumference of the limb. The tibia ploughed the ground about four feet before boy was extricated. Drs. Cleland and Gould cleaned the wound, which was firmly impacted with dirt and straw, returned the tibia, deprived of its lower

articular surface, to its place, and the attempt to save the limb is so far successful, that when I saw the boy last, day before yesterday, he was sitting up, with starched bandage to limb, comfortable. Discharge from wound lessening, healthy. Boy in good spirits, appetite good. Treatment has been opiates *as often and so much as to allay, perfectly, pain and spasm*, with perfect *rest* of injured joint.

Case 4. Mark M——, aged about 20, shot, with a rifle ball, through metatarso phalangeal articulation from above down; removed all splinters of bone that I could find, patching, etc. Treated by *opiates as often and much as necessary to relieve, perfectly, pain and spasm;* perfect *rest* of affected part; cure perfect and speedy, without a bad symptom except discharge of some spiculæ of bones which were detached during the healing process.

Case 5. John Carter, aged 18, June, 1856, shot, with a rifle ball, through centre of humerus, above junction of upper third with lower two thirds. Six weeks after accident I saw him first, humerus (tightly bound to rough splint), elevated above the level of the joint; wound discharging sparingly, depots of matter about the joint and above the clavicle, hectic fever, no appetite, erysipelatous inflammation of arm, anterior and posterior sides of chest, tumefaction, and much emaciation, and amphipneuma. Has been treated with *antiphlogistics*. I brought arm down to side. Treated with *opium* and *quinine, as much as he can bear;* generous diet; began to improve rapidly, and discharged perfectly cured, or perfectly well.

Case 6. Called to Mrs. VanMetre, seventeen miles S. W. of Rochester, last week; sent Dr. Gould. Case: dislocat. jaw of eight and forty hours' duration. Two of the Smiths, and some others, had been at it at the time; had broken out three teeth and skinned the jaw in divers places, and at last concluded it could not be reduced by force, but *a liniment could be applied that would draw it in* in *eight* hours. Dr. Gould reduced it without difficulty, as the patient was unwilling to wait for the operation of the liniment of the Smiths, or for a preparation of lobelia which a steamer said was infallible. A case of this kind betrays the ignorance of such vile pretenders; but, what thou-

sands of lives are lost, and what weeks of suffering endured by the sick, through their ministrations.

Case 7. —— Perry, aged about 36. Both hands blown off by premature discharge of cannon. Assisted by Drs. Howes, Robbins and Mann, removed remnants of carpus. Second day, patient out on street; recovered without bad symptom. Treatment, *opium and stimulants ad libitum;* recovery perfect, without bad symptom. Had served in Texan Revolution and Mexican War; had had fractured skull from sabre wound, received in Texan Revolution, and done well through all his troubles.

The case of ununited fracture of femur which I reported in last December No. of the Journal, has terminated in the perfect union; limb strong. From this time on, we need not be discouraged, for nature will do wonders in the cure of injuries, if *she has a fair chance.* Give her *rest* and *quiet.*

The case of paraphymosis, reported by me in a former No., terminated by formation of urinary fistula which can be healed; yet I think my undertaking to save the penis from amputation, was of doubtful benefit to the patient; for, without doubt, a short member well rigged, is preferable to a wife, to one of full length, wanting fore-mizen and bobstays.

March 17th, 1853. Mrs. Moore applied for removal of cancer from face, occupying the space from just below the ear to near the point of the chin, two inches broad in the center; open, and discharging offensive matter, attended with lancinating pains. Patient unable to open the mouth; can only take a fluid diet sucked through a tube. Disease of some twelve years' duration, but only for past year seriously troublesome. Eight years previously I saw the case, then only a tumor movable in left cheek of size of a hazel nut, and on account of occasional sharp pains through it, I advised its excision; but she remarked to me thus: "No, no, I tell thee, Charles, when I die I want to go altogether." Now unable to speak, she and her friends are anxious for its removal, even if only for temporary benefit. Assisted by Drs. Hagins and Hoover, I removed all the diseased parts. Her condition was bettered every way until the wound healed, when it again appeared from the parotid gland, involving gradually all parts concerned in deglutition, when she died of starvation.

During the summer of 1852, James Carter, aged 50, came to me with what I thought to be a cancerous disease. On the chin, directly in the center, was a tumor of florid red color, size of hickory nut, open in center, attended by sharp lancinating pains; tumor quite hard, boundaries not defined; countenance sallow, cadaverous, general health poor. With little thought of benefiting him, I commenced using the chloride of zinc in substance to the tumor, holding it to the spot till dissolved with a bit of paper. Gave him carb. fer. internally, and directed him to keep bowels regular. Applied the caustic every other day, or at longer intervals of two, three and four days. Tumor decreased with each application, and disappeared. General health became good, and to this time there is no appearance of a return, or tendency to return.

Mrs. Kiever, on Eel River, Miami Co., sent for me to remove breast, which was cancerous. In company with Dr. T. H. Howes, of this place, I went over, and found the patient with large melanoid open cancerous ulcer, deeply excavated, and discharging exceedingly offensive matter; ulcer seven inches in diameter. Assisted by the Doctor and others present, I carefully removed every vestige of diseased tissues, going far up in the axilla for all parts with hardened or unhealthy feel. The patient recovered, and for five years after had good health, as I have heard; since which time, I have not heard from her.

Mrs. Fischer, of Kosciusko Co., came to me to have excised what the "*cancer doctors*" had told her was an *eating cancer*. Tumor hard on left cheek, reaching to lower edge of lower jaw; ulcerated in center, hard, red, and somewhat painful all the time; immovable. I removed two carious teeth from lower jaw of that side; gave a box of simple cerate, which they thought was "cancer salve," and told them to return in two weeks if face not better. After a few weeks, saw her husband, who said the face was about well. In a short time she was free from what she and her friends thought a "horrid cancer."

H. Brunson, aged about 50, came to me from South Bend, St. Joseph Co., with hæmorrhoidal tumor of twelve or fifteen years' duration. Tumors unhealthy in appearance, occupying whole circumference of rectum; patient sallow, anæmic, suffering

much from pain and loss of blood. Proceeded, assisted by Dr. Gould, to ligate the tumors; passed double threads both ways through the mass as high up as possible; tied in this way four different points; drew the ligatures as tightly as possible, relieving pain by opiates and chloroform; applied cold water dressings. In about eight days, parts of tumors commenced falling off. Applied new ligatures in about ten days to parts not first ligated. During the cure, before the ligatures were all off, he pulled at one so hard as to tear off a vessel, which bled a stream of the size of a goose-quill; he was almost completely drained of blood before I found it out; fainted, or nearly so, several times; rest and pressure checked the hemorrhage. After four weeks' treatment, he was discharged cured, though still extremely debilitated from loss of blood. There was one part of the tumor through which the ligature would not cut. To this I applied the chlor. zinci with best results. Some few months afterward I heard that my patient died suddenly while seated in his chair. This, I suppose, was from rupture of aneurismal aorta, though I did not hear the particulars.

May 3*d*, 1858. The following case is interesting in some particulars: Miss Gangwehr, aged 18, was thrown from her horse, and injured in the humerus. She was treated for fracture; humerus bandaged and splinted; forearm put in a sling, and hand allowed to hang down prone. After the lapse of some weeks, the bandage and splints were removed, but the hand and forearm were useless, that is, she had no control over the extensors of the arm, and presented the appearance of one suffering from the "hand drop" of lead palsy. This state of things continued for three months, when her father consulted me. I treated the case as follows: extended the hand so as to bring the fingers as nearly at right angle with the wrist as possible, compatible with comfort to the patient; maintained it in that position by a splint made of, first, a copper clasp, two inches wide, embracing the forearm immediately below the elbow, another of zinc, of same width, for the wrist; these were connected by four wires soldered to the plates, to run down the outer face of the arm, and extending as low down as

the ends of the fingers, with a branch to the thumb; at the ends were rests for fingers and thumb. These wires were so bent that they maintained the fingers and thumb as much extended as the patient could comfortably bear. This was worn day and night, only when it was taken off three times per day, to give the arm the cold *douche* and thorough friction after with a coarse towel impregnated with salt (by wetting in salt water and drying); after this, the arm was wet with the following wash:

℞ Strychnine, grs. x.
Acidum aceticum dilutum, ℥ii.

The splint was then reapplied. This treatment continued four weeks, and perfect cure the result.

During the time of bathing and friction, the hand was kept extended—not allowed to be flexed.

I consider that the continued extension of the flexors, and the chance thereby given to the weaker *extensors to retract and contract*, was the chief agent in the cure, as the continued elongation of the extensors and the contraction of the flexors (by the position maintained during the treatment for the fracture of the humerus), was the chief cause of the loss of power in the hand. For the treatment of the different forms of talipes (except calcaneus), this object should be kept in view, and attained by an apparatus on the same principle adapted to the leg, and should be worn *during the night* (if the patient is old enough to walk), and a Scarpa's shoe, or whatever one the surgeon prefers, can be worn during the day time. This will *expedite* and *perfect* the cure wonderfully; in truth, I do not believe that a cure will be *perfect* without it.

The application of this principle is original with me, or at least I do not recollect having seen it in practice except by myself. The first case to which I applied it was to a boy, —— Adams, twelve years since, who had talipes caninus. I divided the tendo-Achilles, brought up the foot, and made a cure that might be called nearly perfect; as, when he left my care, he could wear boots, and on the affected limb only one thickness of sole leather was requisite additional to the heel to render his

walking perfect; and he left off my apparatus before I was willing, saying that he was well enough.

This thorough extension, maintained by the apparatus above described, varied to suit the case, renders the cure of hand drop and talipes a much more simple matter, and expedites the cure to a surprising extent. If I am in the dark in this matter, or only reiterating a common practice, I would like to know it from some of the older or abler members of the profession.

ARTICLE II.

OBSERVATIONS ON THE *FEBRILE MOVEMENT* IN DISEASE.

(An Essay read before the Rock Island Co. Medical Society, and published at their requst, April 14th, 1858.)

BY J. R. HAYES, M. D.

Mr. President and Gentlemen,—In obedience to your request, I appear before you to-day to offer you a few brief remarks upon a subject of much vital importance, and worthy of our earnest consideration.

It is not my purpose to advance any new fact, doctrine, or theory, in whatever I shall have to say; for, while it may be deemed arrogance on my part, at such an early day of my practical life as a physician, I do not deem myself adequately experienced to enlighten you whatever upon these subjects; but, at the same time, it is a fact that cannot be denied, that every one who has taken up arms in medicine will have, and does have, a theory, peculiar to himself it may be, founded upon facts either apparent or assumed that may have come under his notice. And may I not be tolerated in the remark, that he who never varies from the established rules laid down in our text books, but under all circumstances, right or wrong (and cognizant only of being right by being a faithful copyist), pursues an undeviating track, will sooner or later find himself unsuccessful, if not wholly dissatisfied and disgusted with his profession.

Established fundamental principles and text books we cannot dispense with, nor would we if we could, for it is to them that we

are indebted for the accumulated knowledge and experience of years and ages gone by; but these will not suffice if the mind be not schooled to reason over these fields of knowledge, and to apply that knowledge, licensed to that extent to which the judgment may safely and wisely lead.

The most important class of diseases to which the attention and services of a physician are called in this section of the country, is, undoubtedly, that in which the *febrile movement*, as it is termed, predominates, and which seems to be the great evil to be remedied or removed, when called upon to intercede between health and disease.

In relation to the theory of fever, we know that the greatest diversity of opinion has always prevailed. Dr. Stokes tells us, in writing upon fevers generally, that we have not made a single step of advancement since the days of Hippocrates. The *seven* books of Hippocrates contains more in relation to fevers than has since been written upon the subject. In his time, the same protean kinds of fever prevailed as do at this day. Fever, fire, and heat, were synonymous terms to denote the phenomenon of an augmentation of animal temperature, in fact, fever was defined to be nothing more or less than an increase of animal heat. But the cause of fevers is conceded by nearly all modern authors, to be better known at the present time, than in the days of Hippocrates. The origin and effect of malarious influences, are now fully understood, so that it must be conceded (Dr. Stokes to the contrary, notwithstanding), that the moderns have made some advancement in relation to fevers.

It is now fully proved that the proximate cause, is some agent from within or without, acting upon the blood as a poison; this, in turn, acting upon the nerve, centers to the whole nervous system; thence, in all its varied phenomena, to all the other functions in a greater or less degree, in proportion to the severity due the exciting cause—in brief terms, a disease of the whole system.

The blood being therefore the starting point in the inception of fever, may I not be allowed to call to mind a few physiological and pathological facts in relation to the *anatomy* of this fluid, which may be necessary to be borne in mind when treating our fever patients.

I shall call attention to but two constituents of the blood—the fibrin and corpuscles—these being more legitimately connected in their bearing upon each other in inflammatory and febrile affections.

The healthy range of fibrin, as you know, is from *two* to *three* parts in a *thousand*. This proportion is very perceptibly increased during acute inflammatory affections, the increase being strictly proportional to the intensity of inflammation, and fever accompanying the inflammation. The greatest increase is exhibited in pneumonia and rheumatism, and when these diseases alternate to better and worse, the same changes are noticed in the increase and decrease of fibrin. But the increase of fibrin is not due to the febrile condition of itself, but depends upon the amount of inflammation. This is proven by the fact, that in *idiopathic* fevers, the fibrin is diminished, instead of undergoing an increase. In the forming stage of typhoid, it is sometimes reduced so low, as *one* part in a thousand, and the same is true in reference to all fevers arising from *malaria;* but as soon as a local inflammation is developed in the course of the fever, the amount of fibrin runs up to its diseased standard. Another very important fact is, that the amount of fibrin is not diminished by general or local depletion, but on the contrary, has a tendency to increase the amount in proportion as depletion, *general* or *local*, draws upon the more solid constituents of the blood. Abstinence from food, or a continued insufficient supply of it, will very perceptibly *increase* the amount of fibrin, whilst a reduction takes place in the more solid constituents of the blood. *Abstinence*, *depletion*, and *symptomatic fevers*, we thus see, are so closely allied in their effects upon the blood, that the difference is not perceptible. Again, in *idiopathic* fevers, the condition of the fibrin in the blood is the reverse of what it is in *symptomatic* fevers; but *abstinence* and *depletion* will convert it to an analogous condition, as exhibited in symptomatic fevers. How very important is it for us to bear these facts in mind, when making up the diagnosis of our fever patients. In abstinence and depletion, we have *two* powerful agents at our command, the judicious use of which is so necessary to our own success and the salvation of our patients.

It is only a few years since, in the treatment of fevers, that *venesection*, *purgation*, and *starvation*, were practised indiscriminately upon old and young, the feeble and strong, regardless of the temperaments and pathological condition of the unfortunate sick. It is needless to say, that many, very many, must have fallen victims under this *tripod* of surplus interference and medication, wielded by the dogmatic routinists of the day.

I cease to wonder sometimes, that as the plainer truths of physiology began to be partially understood by the masses, they became the ready disciples of empiricism, promulgated by men of but little more information, or knowing better, for mercenary or other selfish motives.

In relation to the corpuscles, we know that the proportion bearing upon the other constituents of the blood varies in different individuals. Take, for example, a patient of a *robust* constitution and one the *antithesis* of this—or one at any point between these two extremes—what invariable rule is there for us to be guided by except it be our reason, *schooled* and *experienced* by the instructions that science, in all its multiplied forms, has afforded us. In every disease of a depressing character, the standard of corpuscles in the blood is lowered very often to an almost infinitesimal amount, or in other words, whenever a poison is absorbed in the blood, a diminution takes place immediately in the firmer elements of this fluid; in fact, in some cases, a total destruction of the solid ingredients. In derangements of the liver, spleen and kidneys, this diminution and destruction is very perceptibly marked. Now as soon as this diminution or destruction takes place, the *vis medicatrix naturæ*, that mysterious agent that so admirably controls the equilibrium in health, goes to work with increased energy to reproduce that which disease has destroyed, and we know that if the vitality of our patient is sufficiently active, this regeneration in due time is accomplished. Malarious fevers being induced by poisons from without, acting upon the blood, it is our duty to come up to the assistance of our friend *nature* by neutralizing that poison, and by keeping open, moderately, the secretory and excretory systems, so that all morbid matters may be thrown off, at the same time assisting the same agent in its *formative* process, in bringing back the

constituents of the blood to its normal standard. Hence, the very appropriate use of *alkaline* agents in fevers, complicated with or attendant upon inflammations, when there is a constant tendency to consolidation or aggregation of the solid constituents of the blood—saline substances keeping them separate and detached as they exist normally. This treatment I find peculiarly adapted to the first or forming stage of fevers of a typhoid tendency, in preference to the more active one laid down in the majority of our text books. I cannot resist the conclusion, that we very often, in treating our fever patients, entirely overlook the first causes and effects, and rely for the most part upon success in combating the general symptoms as they are developed in the course of the disease. We are more capable of observing the workings of disease before our eyes than any text book can do, yet how many of us are there, who *pin* all our faith to this author or that, pursuing our vocation from day to day, *fac similes* in treatment, yet unmindful of glaring truths taught us in the "Institutes of Medicine," the keystone upon which the superstructure of all our faith should be reared.

We cannot call that system of medicine a *science* that requires us to administer this agent or that, to do this or do that to all patients, because perchance there may be a similitude in the *phenomena* of disease, under which all are laboring. Want of attention, want of knowledge, and want of study, are more to be deplored with us than a want of experience, for the latter is only a question of time, whereas the former becomes farther from us each day of our lives, especially if we place too much reliance upon our experience.

Some one whose name I do not now recollect, has said "that fever is nature's healthy process," necessary to preserve life under circumstances when adverse causes are at work upon the system, fever of itself being no disease, but a natural phenomenon essential to health. The same author goes on to say to the effect that if there were no such thing as *fever*, the world would soon become depopulated, thus proving the healthy tendency of all fevers.

In treating fevers generally, the present age is much in advance of the one just preceding, as is proven by the fact of a

diminution in the percentage of mortality; but there are many practitioners who call themselves "regulars" (not to mention any others, and it has not been long since I was an eye-witness to a case I now have in mind), who treat a fever patient very much as one would clean out a stove pipe or a temple of Cloacina's. If nature had no agency whatever in producing health from disease in man, and our patient as many lives as the feline race is said to have, such a course of treatment might be deemed justifiable. Such men have done more to bring a reproach upon the profession than all other causes put together. We seldom if ever find such men members of any medical union for professional advancement and improvement, too old and experienced to apprehend truth revealed to us every day, their libraries and tables minus the scientific treatises and journals of the day, two or three text books partially committed to memory, two bottles labeled hydrar. sub-chloridum and quiniæ sulph., complete their stock in trade. Yet these men are "regulars," practice in the same manner, and use the same medicines the faculty do. Let every other patient be ptyalized under their treatment, and as soon as the tumefaction of the lingual organ subsides, the cry is raised "down with the calomel doctors." Reproach is brought of course on all calomel doctors without discrimination, and homœopathy or some other pathy reaps the benefits.

But it may be said that there is a danger of running into the opposite extreme. This is very true. Extremes have and will always occur while there is so much indiscriminate license given to the practice of medicine; but with those to whom advantages have been given by long and tedious study, to fathom the depths of medical learning in all its ramifications, who are the patient observers of the workings of nature in disease, and who can follow after her in her obscure retreats by the *lights* science has revealed, surely there is less danger of being carried away by any *ignis fatuus* that may perchance be passing by. I will close my remarks by simply stating that in treating fevers generally, we should carefully watch *nature* ourselves, for we are more capable of observing her as she presents herself in disease before our eyes than any book can for us as a general rule;—then an

accurate knowledge of the rules of *diet*, as well as those of general medication, is indispensably necessary to a successful practitioner of medicine. Too premature and too much withdrawal of nourishment when nature demands it to perform her task, meddlesome interference and untimely administration of medicaments, should never come up to us in judgment, when quietly reviewing some unsuccessful case at the close of a fatiguing day of professional duties, when the consciousness of a well directed medication should be pleasant and cheering. Let us study *nature* in health and disease more, and routine less, or unite them both as much as we please, but let us not pass by our best friend unnoticed, but recognize her in every aspect, treat with her as circumstances may advise, and she will less frequently turn her back upon us.

ARTICLE III.

CASE IN PRACTICE.

BY L. H. ANGELL, M. D., AURORA, ILL.

February 4th. Thursday evening, 8 o'clock 5 m., was called to see Mrs. K., and found symptoms as follows: face and hands of a scarlet color, dark appearance about the eyes, pupils contracted, conjunctiva slightly reddened, quick, feeble and rapid pulse, 130 at least; complains of great pain in back and through the whole abdomen, increased by placing hand over abdominal region; great thirst, calling for water continually; has vomited frequently; has taken nothing but "corn coffee and soda" to allay vomiting; says she is "unwell." Last had her menses "six or seven weeks since;" supposed she was pregnant; ex. per vaginam; some hæmorrhage; os and cervix swollen and painful to touch; os dilated sufficiently to admit index; says she has taken nothing to bring on menses. Introduced tampon in vagina, and gave morph. sul., gr. $\frac{1}{4}$, which was soon repeated. In half an hour she became more quiet, but says yet the pain is very severe; pulse became a little fallen. I left her for a short time, but was soon again summoned, and found her worse.

The hæmorrhage had not amounted to much, nor had she vomited, yet there was an aggravation of all the symptoms: pulse more rapid and feeble, countenance of a deeper scarlet, and lips purple; constant tossing about, and does not lie still one minute; most urgent thirst; extremities warm. Applied sinapisms to epigastrium, abdomen and back, also extremities, and gave a large dose of morphine. Sent for Doctor Howell. He came at a few minutes before eleven, and it being necessary for me to leave, he remained with the patient. There was no change for the better, but she continued to sink. She vomited some during the night, and there was occasional hæmorrhage; once she vomited a quantity of blood. She died at 7½ Friday A. M., eleven hours after I first saw her. Her husband says that he supposed abortion took place on Wednesday night; that on that evening she attended church, and did not retire until late; that she vomited in the night, and did not arise on Thursday morning until 9 A. M.; she then got up and partook of breakfast; none of the inmates of the house were disturbed by the sickness of Mrs. K. on Wednesday night. She had not complained of any symptom except pain in the back previously, as I can learn. She remained about the house on Thursday until 1 P. M., and then went to bed. She, prior to this, to appearance, had been a healthy woman, and had borne children. There were no cerebral symptoms or convulsions during her sickness.

AUTOPSY—present, Drs. Buck, Allaire, Howell, Hard, Gillet and Young—twenty-six hours after death.

External appearance. Skin of a dark scarlet blackness; cellular tissue of face and neck very much distended with gas. In dividing the integument over the sternum, a quantity escaped.

Abundance of adipose tissue, at least one and a half inches thick, at the line of section. Upon raising the sternum, the tissues beneath were seen to be of the same purple color as externally. Heart flaccid and entirely empty. A quantity of reddish fluid in pericardium. This resembled that found everywhere, which appeared to be blood in a fluid condition. No coagulum, or any evidence of fibrin, found anywhere. Liver greatly congested, and of a deep purple blackness; a

portion of the right lobe tore easily upon raising it. The spleen also was more intensely congested than the liver, and its texture so softened that it tore apart on gently raising it. Stomach, externally, presented a deep redness, varying from a scarlet to a rose red, the greatest in the greater curvature. It contained a brownish tenacious mucus, and a quantity of gas. Internally, upon its posterior surface, a circular patch of the villous coat, some two inches in diameter, was elevated, resembling a number of bullæ clustered together. The whole villous surface was intensely congested, and at some points well-marked inflammation existed. There was a small number of dark-colored patches, bearing a resemblance to those produced by the application of the nitrate of silver to the skin. The intestines were of the same peculiar color, and at some points intensely congested, as was also the omentum. The uterus was of a dark purple color, intensely congested, its texture softened. Os enlarged and congested; internal surface covered with a dark tenacious mucus, and the appendages involved in the same peculiar congestion.

In view of the above peculiar pathological appearances, the evidences of gastric inflammation, the rapid disorganization of some of the abdominal viscera, the destruction of the fibrinous element of the blood, and the peculiar purple color of all the tissues, occurring in a subject previously healthy, having its commencement and termination within twenty-four hours, it was thought not unlikely that some substance of a highly-irritating property had been received into the stomach. In order to elucidate this point, and if possible make certain the pathology of the case, the stomach was shown to several medical gentlemen of Chicago, among whom I am informed were yourself and Prof. Blaney, who has now the specimen in his possession. If you, sir, or any one else, can, by the aid of these notes, together with such examination of the stomach as may be had without too much sacrifice, render more certain the etiology of this unfortunate case, you will confer a favor upon the profession and yours truly.

BOOK AND PAMPHLET NOTICES.

MATERIA MEDICA AND THERAPEUTICS, with ample illustrations of practice, in all the departments of Medical Science, and very copious notes on Toxicology, suited to the wants of Medical Students, Practitioners and Teachers. A new edition, revised and enlarged By THOS. D. MITCHELL, A.M., M.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, and formerly Professor of Chemistry, Materia Medica, and Theory and Practice in the Medical College of Ohio, Transylvania University, and the Kentucky School of Medicine; author of Elements of Philosophy, etc. etc. Philadelphia: J. B. Lippencott & Co., 22 and 24 North Fourth street. 1857. Pp. 820. For sale by Keen & Lee, Chicago, Ill.

Dr. Mitchell says he "has added his own experience on various points, and the best testimony of the great world of physic, with the design of putting a book of real value into the hands of the student and practitioner. Theoretical notions, which are but too often of mushroom stability, have been almost entirely eschewed, and the book is therefore chiefly a volume of facts, quite as reliable as any to be furnished by the profession anywhere."

He says, further, "it is believed that every valuable new application of an old remedy, as well as the desirable uses of agents claimed to be new down to the date of this prefatory note, are here presented so as to set forth their real or apparent worth." Now, while we believe that Dr. Mitchell has done what he says he has in the first part of the above quotation from the preface, we cannot believe his statement in the last; his book is too small to do any such thing as to give all the valuable information the medical world possesses in materia medica. As an instance of what we consider almost an unpardonable deficiency, in one valuable article, he disposes of veratrum viride in eleven lines. He says nothing about its peculiar sedative influence, or its applicability to any disease or class of diseases. How the very prominent and indubitable characteristics of this invaluable remedy could have escaped the attention of Prof. Mitchell we cannot divine.

This work is arranged in alphabetical order, instead of the ordinary classifications of authors on these subjects. The reliable information on the subject of poisons contained in Prof. Mitchell's work is worth four times the price of it, and if

for nothing else, every practising physician should possess it. He tells us of those antidotes always at hand (in the West at least) which may be depended upon for poisoning by arsenic, viz: magnesia, charcoal and tobacco. And we think it an item to have several articles upon which we know we may depend, as we are more certain to have one of them on hand. We are rejoiced also to know that the filthy article which *inhabits* the pockets of so many Esculapian votaries may be turned to other accounts than staining carpets and masculine perfumery. He says "finely pulverized charcoal is, as I know from actual experience, capable of accomplishing all that is desirable in this relation." It should be given in large quantities in water or otherwise. Magnesia may be relied upon also with equal quantities, if given freely and largely. The best calcined is preferable, but the carbonate answers quite well. He speaks of tobacco in very high terms as a remedy (not as antidote), and thinks that it produces a kind of compound poisoning, in which the original poisoning quality of both articles are lost. However the explanation of its effects, it certainly cures patients poisoned by arsenic. He relates a case, from Silliman's Journal, of "a young lady, the poison having been taken by mistake, and in a region considerably remote from a physician or an apothecary shop. It was supposed that an emetic would give relief, and as nothing offered excepting tobacco, it was resorted to in the hope of exciting emesis and thus dislodging the poison. A decoction or infusion was prepared, and rather cautiously given, fearing it might act with too much violence. Dose after dose was given, time passed away and no emesis could be had, and the result was that the lady was not seriously hurt. The success of the new remedy led to its employment in other cases with equal success, but no vomiting occurred." It is added, that "more than probably an inveterate chewer could not be saved by the exhibition of any quantity of this article." If it were not for encouraging the use of this vile weed, we would express doubts of this conjecture of Prof. Mitchell. He speaks of the hydrated peroxide of iron also, as do most writers on the subject, but is no better than the two first-named articles.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon-in-Chief to the State Emigrants' Hospital, etc. With Illustrations from Nature. Philadelphia: Lindsay & Blackiston. 1858.

Dr. Carnochan proposes to issue those contributions quarterly, in numbers containing from thirty to sixty pages each, until the series is complete; in all there will be ten. We have received the first, which contains thirty-two pages. It is gotten up in superb style, in quarto size, and illustrated with elegant engravings; but what is better still, it bears the impress of the vigorous originality so characteristic of the author. We quite agree with Dr. Carnochan in the opinion, that "it is from the study of particular facts operative surgery derives its most valuable suggestions, and as there is no limit to the multiplicity of pathological differences, the most experienced practitioner may find himself in the presence of unknown and unforeseen conditions. Hence, it is incumbent on the surgeon to read much as well as to see much, and to extend his knowledge as far as possible beyond the sphere of his own immediate observation."

The number on our table contains a case of amputation of the entire lower jaw; remarks on amputation of the lower jaw; elephantiasis Arabum successfully treated by ligature of the femoral artery, with cases.

No. 2 will be case of exsection of the entire ulna; remarks on neuralgia, with three cases successfully treated by exsection of the second branch of the fifth pair of nerves beyond the ganglion of Meckel.

No. 3.—Case of restoration of the entire upper lip; remarks on the congenital dislocation of the hip joint, with illustrations.

No. 4.—Case of exsection of the entire radius; case of exsection of the three lower fourths of the same bone; remarks on osteo-aneurism, with a case.

No. 5.—Case of amputation of the shoulder joint, for the removal of an osteo-fibro-cancerous tumor of the humerus, with remarks on amputation at this joint; case of penetrating gunshot of the heart.

No. 6.—Case of double congenital dislocation of the hip joint; remarks on double capital operations, with cases; re-

marks on the comparative merits of the partial amputations of the foot; remarks on amputations through the ankle joint.

No. 7.—Successful removal of a large fibro-cartilagenous tumor growing from the sixth and seventh ribs over the region of the heart; remarks on the treatment of varicose veins of the lower extremities, with cases; remarks on the creation of an artificial joint on the lower jaw, in a case of complete anchylosis at the tempero-maxillary articulation of one side.

No. 8.—Remarks on the operation of double complicated hare-lip; remarks on the etiology of congenital dislocation of the hip joint; remarks on the removal of the first dressings after capital amputations.

No. 9.—Case of encysted sanguineous tumor of the neck successfully removed, with remarks on such formations; remarks on the purulent ophthalmia of large and crowded institutions; case of vesico-vaginal fistula and stricture of the vagina, with formation of two large urinary calculi in the vagina behind the stricture, spontaneons cure of the fistula.

No. 10.—Two cases of amputation at the hip joint; remarks on the anatomy of femoral hernia; case of epilepsy treated by tracheotomy, and wearing of a tracheal tube, with remarks; remarks on the entire restoration of the lower lip, with cases; cases of amaurosis treated with the pomade de Goudret on the sinciput.

These numbers are in the course of preparation, and will form one complete volume, the first of a series. Terms of subscription—each number twenty-five cents, to be paid for on delivery. Published by Lindsay & Blackiston, Philadelphia.

Judging from the number before us, we expect a ready sale.

We have received a slip from Dr. Bennet Dowler, on the methods of preserving bodies for dissection, which is so short and at the same time satisfactory, that we republish the whole. Alcohol is not the best article in which to preserve anatomical specimens as a general rule, and we are glad to extend any information that may enable the profession to dispense with its use in one more respect.

In an article on Medical Schools, in the November number

of the *New Orleans Medical and Surgical Journal*, I alluded to a method of preserving bodies for dissection, which I regarded as a discovery of great importance to students of anatomy, and particularly to those of our Southern States, where the climate is so unfavorable to anatomical pursuits. I have had a good many letters from medical gentlemen requesting me to furnish the formula, and I take much pleasure in laying it before your readers, hoping that this important discovery may awaken a new interest in this fundamental branch of our profession.

The following is the formula which I have used in New Orleans with perfect success, and there can be no question that if a subject is properly injected, it will keep as long as desirable. Take two parts, by measure, of muriatic acid, and one part of water, and as much metallic zinc as they will dissolve—use it undiluted. Cut down on the arch of the aorta, and throw in as much of the fluid (according to the size of the subject) as can be injected without excessive force—say from two to four quarts. If it is well done, the muscles all become of a slate color, and the tissues firm. I have now on the table a subject on which I have been demonstrating to my class for fifteen days, and it is entirely free from odor, or other sign of putrefaction.

J. C. Nott, M. D.,
Professor of Anatomy, University of Louisiana.

P. S.—The injection should be thrown in gradually, and it is well to wait some minutes between each syringe full of the fluid. A body may be well injected, if done with skill, by the carotid, or femoral artery, but when the apparatus is imperfect it is better to saw the sternum longitudinally, force the chest open, and place the pipe in the arch of the aorta. Bodies are "embalmed" in most of the cities of the United States by a similar process, and I this morning saw more than a gallon of fluid thrown in through the radial artery, at the wrist. The subject was a lady, whose body is to be transported to the North.

[I beg leave to append to the above communication from the distinguished professor of anatomy in the University of Louisiana, the following note concerning the preservation of the human body, during a course of dissections in any climate. If not the newest, it is certainly the cheapest method known. Many years ago, in Virginia, in order to afford my private pupils anatomical facilities with the utmost privacy and security, I was compelled to use the garret of my dwelling, where the heat was great, and the putrefactive process was, consequently, rapid during midsummer. I was able to carry on

dissections without hurry and without the putrefaction of the subject in the month of August, as well as in the winter. The means adopted were very simple—namely, when the subject was not under examination, it was kept constantly and completely immersed in a saturated solution of common salt. This method neither alters the natural color of the tissues, nor subsequently interferes with the making of handsome dried preparations when the dissection shall have been completed. Before proceeding to dry an anatomical piece, a little soaking in fresh water may be proper, to prevent any saline incrustations, but this is not necessary generally. No accident to health and but little damage to knives can result from this method of anatomizing. In fact, no climate producing salt and water can be so hot as to render this method inapplicable. The human body can be preserved just as well as pickled pork, beef, fish, and the like. Whether in high or low latitudes, all dissecting rooms which are kept sufficiently warm to be healthful and comfortable to the living, must be unfavorable to the prolonged preservation of the dead, and produce emanations of a deleterious character. BENNET DOWLER.]

EXTRACTS.

AMERICAN MEDICAL ASSOCIATION.—ELEVENTH ANNUAL MEETING.

FIRST DAY.

The association met in the lecture-room of the Smithsonian Institution, and was called to order at a quarter past eleven o'clock a. m., by Dr. Condie, of Philadelphia, when the chair was taken by the president, Dr. Paul F. Eve, of Nashville, Tennessee. Vice Presidents Breckinridge of Kentucky, Reese of New York, and Campbell of Georgia, were also upon the platform; and at their table were the efficient secretaries, Drs. Foster of Tennessee, and Semmes of this city, to whom we are under obligations.

Rev. Byron Sunderland, D. D., at the invitation of the president, offered an eloquent and appropriate prayer, invoking the blessing of Almighty God upon the convention.

Dr. Harvey Lindsley, of this city, chairman of the committee of arrangements, then delivered an

ADDRESS OF WELCOME.

The secretary then called the roll by States as it had been

made out up to the commencement of the meeting, and the following number of delegates responded: Maine 2, New Hampshire 8, Connecticut 18, Vermont 1, Massachusetts 40, Rhode Island 5, New York 73, New Jersey 25, Pennsylvania 66, Delaware 4, Maryland 24, District of Columbia 25, Virginia 8, North Carolina 8, South Carolina 10, Georgia 12, Alabama 1, Kentucky 9, Tennessee 7, Indiana 6, Illinois 12, Michigan 3, Iowa 3, Missouri 4, Ohio 14, California 1, American Medical Society of Paris 1, U. S. Navy 2. [When the name of Dr. Harvey, who has come from California expressly to attend this convention, was called, there was loud applause.] Other members were announced at different times during the day, and when the association adjourned there were *four hundred and six* names registered. A large increase is expected to-day.

Dr. Lindsley, chairman of the committee of arrangements, reported that it had been decided to hold but one business session each day, from nine a. m. until three p. m. He also announced that the President of the United States would be happy to receive with those members of the association who might call at the executive mansion at eight o'clock in the evening such ladies as may accompany them. [Applause.]

On motion, the association confirmed the appointment of Dr. J. M. Snyder to fill a vacancy in the committee of arrangements.

On motion, it was decided that a nominating committee of one from each State represented should be raised, the delegation of each State selecting its representative therein. A brief discussion upon the propriety of permitting the army and navy delegations to appoint separate members of this committee was decided by the president in favor of their having the privilege, and the decision was sustained by the association.

There was then a recess of fifteen minutes, during which the different delegations assembled in various parts of the lecture-room to choose their representatives in the committee. After the meeting was called to order, the secretary read the list as follows:

Committee of Nomination.—Job Holmes, Maine; George H. Hubbard, New Hampshire; P. Pineo, Vermont; Ebenezer Alden, Massachusetts; Ashbel Woodward, Connecticut; J. Mauran, Rhode Island; H. D. Bulkley, New York; J. P. Colman, New Jersey; Isaac Hays, Pennsylvania; H. F. Askew, Delaware; S. P. Smith, Maryland; Noble Young, District of Columbia; A. S. Payne, Virginia; W. H. McKee, North Carolina; Wm. T. Wragg, South Carolina; Joseph P. Logan, Georgia; J. T. Hargraves, Alabama; R. J. Breckinridge, Kentucky; J. Berrian Lindsley, Tennessee; Wm. M. McPhee-

ters, Missouri; George Mendenhall, Ohio; Calvin West, Indiana; A. H. Luce, Illinois; Zina Pitcher, Michigan; Thomas O. Edwards, Iowa; O. Harvey, California; and George Clymer, United States navy.

On motion, Drs. Bohrer of D. C., Flint of New York, and Hargraves of Alabama, were appointed by the president a committee on special essays.

Dr. David M. Reese, of New York, presented and read a written apology for having recommended for a position in Blockley Hospital, Philadelphia, Dr. McClintock, who had been expelled from the association for a violation of the ethics and the etiquette of the profession, by publishing a work on "domestic medicine," etc.

On motion of Dr. Condie, of Philadelphia, the apology was accepted, and ordered to be entered upon the minutes.

Dr. Bryan, of Philadelphia, who had also recommended Dr. McClintock, made a verbal adoption of Dr. Reese's apology, the reception of which was warmly debated. Dr. C. C. Cox, of Maryland, opposed, and Dr. Condie advocated the reception. Dr. A. B. Palmer, of Michigan, moved the previous question on a motion to refer the subject to a committee, which was lost. The apology of Dr. Bryan was then accepted.

Dr. Grafton Tyler, of Georgetown, D. C., chairman of the committee on prize essays, reported that the essays received were three in number, each of which had been examined with great care; considering, first, the intrinsic merits of each essay, and then their merits in relation to each other. The first prize was awarded to "an essay on the clinical study of the heart sounds, in health and disease," bearing the motto, "*Clinica clinice demonstrandum.*" The second prize was awarded to "an essay on vision and some of the anomalies as rendered by the ophthalmoscope," bearing the motto, "*Dux hominum medicus est.*"

Dr. Tyler then proceeded to open the sealed envelopes bearing the above-named mottoes, and containing the names of the writers of the essays. The first was written by Dr. Austin Flint, of Buffalo, New York; and the second by Dr. Montrose A. Pallen, of St. Louis, Missouri. This is the second time Dr. Flint has won this distinguished honor, and the third time that it has been awarded to Buffalo since the association was organized, eleven years ago.

On motion, the report of the committee was accepted and adopted. Doctors Flint and Pallen were then invited to give *resumes* of their essays, which they did.

Dr. Lindsley, from the committee of arrangements, then pre-

sented an invitation from Dr. Nichols to visit the Insane Asylum, and another from Rev. Mr. McGuire to visit Georgetown College.

On motion of Dr. Hamilton, of New York, these invitations were accepted, and the thanks of the association were returned therefor.

On motion of Dr. Lindsley, the Hon. Doctors Fitch, of Indiana, Chaffee, of Massachusetts, Clawson and Robbins, of New Jersey, and Shaw, of North Carolina, members of Congress, and Dr. Peter Parker, ex-commissioner to China, were elected "members by invitation," and requested to participate in the proceedings of the association.

On motion, Assistant Surgeon Frederick A. Rose, of the British navy, who so nobly volunteered his services on board the United States ship Susquehanna at Port Royal, and who came in her to New York, devoting himself to the sick crew, was unanimously elected a "member by invitation," and invited to take a seat upon the platform. [Applause.] It was announced that Dr. Rose had left the city.

Dr. Francis G. Smith, of Philadelphia, chairman of the committee on publication, made his report, showing the expense of publishing the annual volume.

Dr. Caspar Wistar, of Philadelphia, presented his annual report of receipts and expenditures, showing a balance on hand of $806. Accompanying the treasurer's report was a resolution providing that the back volumes on hand, when over two years old, shall be sold at two dollars a volume, and that volumes V, VII, VIII, and IX, of which there are a surplus, be sold at $5 a set to any member.

The special committee on medical education, of which Dr. G. W. Norris, of Philadelphia, is chairman, were called upon to report. There was no response; and, on motion, the subject was referred to the committee on nominations.

Dr. A. B. Palmer, chairman of the committee on medical literature, asked leave to defer his report until Wednesday, at 10 o'clock, which was granted.

A report was made by the committee on nominations, which was accepted, and the association then elected the following

OFFICERS.

President, Dr. Harvey Lindsley, of Washington city. *Vice Presidents*, Drs. W. L. Sutton, of Kentucky; Thomas O. Edwards, of Iowa; Josiah Crosby, of New Hampshire; and W. C. Warren, of North Carolina. *Secretary*, Dr. A. J. Semmes, of Washington city. [The other secretary will be elected when

the location of the next association is selected.] *Treasurer*, Caspar Wistar, of Philadelphia.

On motion, Drs. Flint of New York, Gross of Pennsylvania, and Gibbes of South Carolina, were appointed a committee to conduct the president elect to the chair.

Dr. Lindsley, having been introduced to the association by the retiring president, Dr. Eve, made a few pertinent remarks, acknowledging the honor as the highest he had ever been called upon to receive, and the highest that any medical man in America can receive. [Applause.] Unaccustomed to preside over so large a body, and having had but little practice in presiding over smaller assemblages, he must throw himself upon the forbearance of the association and look to the members for support in the discharge of his official duties. [Applause.]

On motion, the thanks of the association were voted to the retiring officers for the able and impartial manner in which they have discharged the duties of their respective offices. [Applause.]

On motion, the ex-presidents of the association present were invited to take seats on the platform.

The committee on medical topography and epidemics was called by States. A paper from the member from Maine stated that he will report next year. There was no response from New Hampshire, Vermont, Rhode Island, Connecticut, or Massachusetts. Dr. Smith, of New Jersey, read an able report on New Jersey, and the association then adjourned until this morning at nine o'clock.

EVENING HOSPITALITIES.

At eight o'clock in the evening, the delegates and the ladies who have accompanied them paid a visit by invitation to the Executive Mansion. The East Room, with the adjacent suite of drawing rooms, were brilliantly lighted, and were filled by about five hundred gentlemen, representing all sections of the country, and a hundred or more ladies. One of the delegates had seen upwards of fourscore years—others have but just entered upon the practice of their profession.

The President received his guests, as they were successively presented by Dr. Cornelius Boyle, chairman of the committee of arrangements, with his accustomed cordiality, and afterwards moved about in the East Room, engaged in conversation with the groups there gathered. The entire cabinet were present, with J. B. Henry, Esq., Marshal Selden, and Commissioner Blake.

From the Executive Mansion the delegates generally proceeded to Georgetown, where they were hospitably entertained

at the residences of Dr. Grafton Tyler, at the corner of Gay and Washington streets, and of Dr. Riley, No. 91 Gay street. A cordial welcome and good cheer awaited them at the houses of each of these distinguished practitioners.

SECOND DAY.

The association was called to order by the president, Dr. Harvey Lindsley, and A. J. Semmes, one of the secretaries, read the minutes of the first day's proceedings, which were adopted.

On motion of Dr. Watson, of New York, Dr. Delafield, of New York, one of the first officers of the association, was invited to take a seat on the platform.

On motion of Dr. Atkinson, of Virginia, an amendment to the constitution was received, providing that no person shall be recognized as a member or admitted as a delegate at meetings of the association who has been expelled from any State or local medical association until relieved by action of such State or local association.

Dr. Bond, of Maryland, asked to have the qualifications requisite for a seat read. He desired information as to the ethical qualifications for membership.

Dr. Watson, of New York, stated that, as by the constitution it was necessary to have amendments lie over one year, this was not a question for present debate.

The president decided that debate was not in order, and the amendment was accordingly laid on the table for consideration at the next annual meeting.

Dr. Boyle, chairman of the committee of arrangements, proposed the names of Doctors Huff and Knight, who were elected "members by invitation."

REPORT ON MEDICAL LITERATURE.

Dr. A. B. Palmer, of Michigan, chairman of the committee on medical literature, made an able and interesting report.

On motion, the report was accepted, and ordered to be published.

On motion, Dr. Bozman, of Alabama, was elected a "member by invitation."

REPORT ON MEDICAL EDUCATION.

Dr. James R. Wood, chairman of a special committee on medical education, made a lengthy report, discussing—1st, primary medical schools; 2d, the number of professorships in medical colleges; 3d, the length and number of terms during

the year; 4th, the requisite qualifications for graduation; 5th, such other subjects of a general character as to give uniformity to our medical system. Having reviewed these propositions at length, the committee have arrived at the following conclusions:

First. Primary medical schools should be encouraged; but, as office instruction will continue to be sought by students, practitioners should either give them necessary advantages of demonstrations, illustrations, and recitations, or if not prepared to do so, they should refer them to such primary schools, or medical men, as will give them proper instruction.

Second. The number of professorships should not be less than seven, viz: a professor of Anatomy and Microscopy, Physiology and Pathology, Chemistry, Surgery, Practical Medicine, Obstetrics, and Materia Medica.

Third. There should be but one term annually, which should commence about the 1st of October, and close with the March following, thus lengthening the term to six months. The commencement of the term, in October, should be uniform in all the colleges throughout the country. During the session there should never be more than four lectures given daily.

Fourth. The qualifications for graduation, in addition to those now required by the schools, should be a liberal primary education, and attendance upon a course of clinical instruction in a regularly-organized hospital.

In order to give our medical colleges an opportunity to consider the recommendations here advanced, and that this body may have the advantage of their wisdom and their mature views, before any definite action is taken upon them, your committee submit to the association the following resolutions:

Resolved, That the several medical colleges of the United States be requested to send delegates to a convention to be held at on the day of for the purpose of devising a uniform system of medical education.

Resolved, That the present report of the special committee on medical education be referred to such convention for its consideration.

Resolved, That said convention of delegates from the several colleges of the United States be requested to submit to the meeting of this association in May, 1859, the result of their deliberations.

On motion, the report was accepted and referred to the committee on publication, the accompanying resolution being laid on the table.

The committee on nominations reported Louisville, Ky., as the place of meeting in 1859, and nominated Dr. S. S. Bemis, of that city, as second secretary. They also nominated the following standing committees:

Committee on Publication—Dr. F. Gurney Smith, Pa., chairman; Drs. Caspar Wistar, Pa.; A. J. Semmes, D. C.; S. M. Bemis, Ky.; S. L. Hollinsworth, Pa.; S. Lewis, Pa.; H. F. Askew, Del.

Committee on Medical Literature—Dr. John Watson, N. Y., chairman; Drs. L. A. Smith, N. J.; C. G. Comegys, Ohio; R. W. Gibbs, S. C.; W. M. McPheeters, Mo.

Committee on Prize Essays—Dr. J. B. Flint, Ky., chairman; Drs. M. Goldsmith, N. J.; H. Miller, Ky.; Calvin West, Ind.

Committee on Medical Education—Dr. G. W. Norris, Pa., chairman; Drs. A. H. Luce, Ill.; E. R. Henderson, S. C.; G. R. Grant, Tenn.; T. S. Powell, Ga.

Committee of Arrangements—R. J. Breckinridge, Ky., chairman; Drs. G. W. Ronald, B. M. Wible, D. W. Goodall, D. D. Thompson, N. B. Marshall, G. W. Burglass, R. C. Hewett, and A. B. Cook, all of Kentucky.

The report was accepted, the nominations were confirmed, and the committee received permission to sit again.

On motion of Dr. Hamilton, of Buffalo, the resolutions attached to the report of the committee on medical education were taken from the table.

Dr. Watson moved the appointment of a committee to consider the resolutions and report to-morrow [this] morning.

Dr. Bond thought that the subject had already been sufficiently discussed. It had been brought up year after year, occupying much of the time of the association, and he trusted that it would receive immediate consideration.

Dr. Davis, of Illinois, wished to have the subject made a special order for some time prior to the adjournment of the convention.

Dr. Rogers, of New York, wished to have the report printed, that all might have an opportunity of examining it and the propositions which it embodies.

Dr. Wood defended his report as a conservative report, just alike to the professors and to the laymen. He did not believe that any good could arise from a further discussion of the subject. None had arisen in years past—none could arise now. It was a bill of conciliation and of adjustment. Laymen of the profession merited censure for sending men to college not qualified for the profession, and colleges merited censure for sending men out not qualified to practice the healing art. [Applause.] He approved of the motion of Dr. Watson, that the report be submitted to a committee of delegates from colleges.

The report was referred to a select committee, to be composed of one member from each delegation representing a medical college or school.

On motion, thanks were voted to the late secretary, Dr. Foster, and his successor, Dr. Bemis, took his seat.

Dr. Hamm, of Pennsylvania, moved a suspension of the rules for the purpose of reconsidering the resolution of Dr. Condie, accepting the apology of Dr. Bryan. The vote upon suspending the rules stood—ayes 111, noes 82. The president ruled that a two-third vote was necessary, and decided the question as lost.

An appeal was taken from the decision of the chair, and the decision was not sustained. A vote was then taken, and the resolution accepting the apology of Dr. Bryan was reconsidered by a vote of—yeas 142, nays 70.

An attempt was then made to connect the resolution with that accepting the apology of Dr. Reese, but it was decided that it would first be necessary to dispose of the resolution reconsidered, and it was laid on the table.

A member from New Jersey hoped that the McClintock case would be brought fairly and squarely before the association, and that gentlemen would be made to "face the music." It was useless to cloak it, or to attempt to dodge the responsibility.

Dr. Beck, of Indiana, moved an indefinite postponement of the whole subject.

Other gentlemen rose to speak, but the president decided that a motion to postpone was not debatable.

Dr. Jewell rose to a point of order, and protested against being "gagged." [The president here reversed his decision.] Dr. Jewell said that the action of the day previous was regretted, and that gentlemen had acted hastily. Many, who at first sight voted to accept the apologies, now regretted having done so.

Dr. Hamm, of Philadelphia, explained the action of the Philadelphia County Medical Society, and began to read a remonstrance from it, which he desired to incorporate into his speech.

Dr. Biddle objected to the reading of this remonstrance, as a violation of plighted faith.

It was here moved and decided that the association go into "committee of the whole," and Dr. Edwards, of Ohio, was called to the chair.

The apology of Dr. Reese was again taken up, and discussed with spirit, although there was no manifestation of bad feeling on either side. At length he presented the following:

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body, and hereby offers this apology for his departure from the ethical code."

This was received with loud applause, and, on motion of Dr. White, accepted as an ample and satisfactory apology.

Dr. Bryan submitted a similar apology, which was also accepted, and then the committee adjourned until to-day at nine o'clock a. m., evidently well pleased that this question was finally disposed of.

HOSPITALITIES.

At five o'clock p. m., the delegates went in omnibuses provided for their use to Georgetown College, by invitation of the

faculty. After examining this fine institution, which commands a magnificent view, and visiting its fine library, museum, and apparatus room, the party were hospitably entertained; after which they returned to this city. In the evening, there were entertainments given them at the residence of Dr. Thomas Miller, 246 E street; Dr. W. P. Johnson, 466 Seventh street; and Dr. A. Y. P. Garnett, 465 Ninth street.

THIRD DAY.

The president, Dr. Lindsley, called the association to order at half-past nine o'clock. The secretary not having his minutes in readiness, the reading of the minutes of the day previous was dispensed with.

Dr. Grant, of New York, asked leave to present a complaint against the New York Medical College, but upon information by Dr. Edwards that a committee on ethics would be recommended by the nominating committee, he withdrew his request.

The minutes were then read. Several proposals to amend them were made, and either ruled out of order or withdrawn.

The appointment during last year of Dr. Geo. Haywood, of Boston, as a delegate to represent the American Medical Association in kindred societies in Europe, was announced by Dr. Eve.

Dr. Hamilton, from the committee of delegates from medical schools and colleges, to whom was referred the report of the special committee on medical colleges, reported the following preamble and resolution:

Fully appreciating the value and importance of the resolution under which they were appointed, but a majority of the gentlemen constituting this committee not being authorized by the medical faculties of the several colleges with which we are connected to act as their representatives in this matter, and therefore regarding it quite impossible to secure a convention of delegates in the interim of the meetings of the association: therefore,

Resolved, That we recommend to all the medical colleges entitled to a representation in this body that they appoint delegates, especially instructed to represent them in a meeting to be held at Louisville on Monday, the day immediately preceding the convention of the American Medical Association, for the year 1859, at ten o'clock, at such place as the committee of arrangements shall designate.

The report was accepted, and the preamble and resolutions were passed; after which several gentlemen claimed the floor, but the president decided that the reports of special committees were in order, the reports of committees on medical topography and epidemics having previously been referred to the committee on publication without reading.

Dr. Foster Jenkins, of New York, read a report on the spon-

taneous umbilical hemorrhage of the newly born; which was read and referred to the committee on publication.

Dr. S. M. Bemis, of Kentucky, read an able and learned report on the "influence of marriages of consanguinity upon offspring."

Dr. Palmer, of Detroit, read a report, made by Dr. E. Andrews, of Chicago, Illinois, on the "functions of different portions of the cerebellum."

Dr. Campbell, of Georgia, read a report on the "nervous concomitants of febrile diseases," which was accepted and referred to the committee of publication.

Dr. J. Marion Simms, of New York city, read an abstract of his report on the treatment and of the results of obstructed labor, illustrated with a series of magnified illustrations.

Dr. Stephenson, of New York, read an interesting abstract of his report on "the treatment best adapted to each variety of cataract, with the method of operation, place of selection, time, age," etc.

On motion, other reports were called for, read by their titles, and referred to the committee of publication.

COMMITTEES FOR THE ENSUING YEAR.

Dr. Edwards, from the committee of nomination, offered the following list of committees for the ensuing year, which was accepted, and the committees were chosen:

Special Committee on the Microscope—Drs. Holston of Ohio, Dalton of New York, Hutchinson of Indiana, Stout of California, and Ellis of Massachusetts.

Special Committee on Medical Jurisprudence—Drs. Smith of New York, Hamilton of Buffalo, Crosby of New Hampshire, Purple of New York, and Mulford of New Jersey.

Committee on Quarantine—Drs. Harris of New York, Moriarty of Massachusetts, La Roche of Pennsylvania, Wragg of South Carolina, and Fenner of New Orleans.

Committee on Surgical Pathology—Dr. James R. Wood, of New York, chairman.

Committee on Diseases and Mortality of Boarding Schools—Dr. C. P. Mallengly, of Kentucky, chairman.

Committee on the various Surgical Operations for the Relief of Defective Vision—Dr. Montrose A. Pallen, of St. Louis, chairman.

Committee on Milk Sickness—Dr. Edward A. Murphy, of Indiana, chairman.

Committee on Medical Ethics—Drs. John Watson of New York, Dalton of Massachusetts, Emerson of Pennsylvania, Hamilton of New York, and Gaillard of South Carolina.

Dr. Edwards also reported from the committee of nomination the following resolution:

Resolved, That a committee of nine be appointed by the chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey as inspector of drugs and medicines for the port of New York.

Dr. Wilcox, of Connecticut, offered an amendment to the resolution of Dr. Edwards, "disclaiming all political considerations." The amendment was accepted by Dr. Edwards.

The resolution as amended was then carried by a vote of 79 ayes to 52 noes.

Resolved, That a committee of nine be appointed by the chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey as inspector of drugs and medicines for the port of New York—at the same time disclaiming all political considerations.

Dr. Bohrer, of Georgetown, chairman of the committee on special medical essays, stated that they had not had time to read, much less consider, the papers placed in their hands.

On motion, the committee on special medical essays was instructed to hand such papers as they deemed worthy to the committee on publication.

The president announced, as a special committee to wait on the Secretary of the Treasury, Drs. Arnold of Georgia, Atkins of Virginia, Buckley of New York, Hayes of Pennsylvania, Smith of New Jersey, McPheeters of Missouri, Hargraves of Alabama, Pitcher of Michigan, and Hooker of Connecticut.

On motion, Dr. Edwards was added to the committee as chairman. He declined, giving personal reasons as an excuse, but the committee refused to receive it, and he was accordingly chosen.

A gentleman stated that he, with several friends, had voted for the resolution with the sole intention of moving its reconsideration.

Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards presented a similar complaint, and Dr. Oakley a complaint from the Union and Essex County Medical Societies. They were received and referred.

Dr. Sutton, of Kentucky, moved that Dr. Jarvis, of Massachusetts, have further time to report on a uniform system of registration of births, marriages, and deaths, and that a committee be appointed to urge upon the census bureau of 1860 the importance of having a physician attached to it to collect vital statistics.

Dr. Kyle, of Ohio, proposed an amendment to the constitution by which no person can sit as a member or a delegate at meetings of this association who is not a graduate of a recognized medical college. Laid over for one year, under the rules.

Dr. L. A. Smith presented resolutions of the New Jersey Medical Society, praying for such changes of the constitution as would establish a board of census in every judicial circuit of the Supreme Court, who should examine and grant diplomas to all proper members of this association. Laid over for one year, under the rules.

Dr. Humphries, of Indiana, presented a resolution praying for an interchange of transactions of state and county societies; which was adopted.

Dr. Boyle, chairman of the committee of arrangements, presented the names of Professor Swallow, of Missouri, and Professor Mittag, as "members by invitation," and they were elected.

An invitation from Professor Bache to visit the Coast Survey Bureaux, on Capitol Hill, was read, accepted, and a vote of thanks for the courtesy was passed.

Dr. Gibbs, of South Carolina, moved that Professor Henry be requested to favor the association with his views on meteorology at such time during the session as he may select; carried unanimously.

Dr. Campbell, of Georgia, moved that the secretary place on record an expression of the regret with which the society has learned the death of Drs. C. R. Walton, S. W. Granton, Marshall Hall, T. Y. Simmons, Mitchell, and other members deceased since last annual session; carried.

VOTE OF THANKS.

On motion of Dr. Phelps, the following resolutions were passed unanimously, the members rising:

Resolved, That the thanks of this association are eminently due to the Regents and Professor Henry, of the Smithsonian Institution, for the ample and convenient accommodation afforded for the transaction of business.

Resolved, That the committee of arrangements are entitled to our praise and highest appreciation of their exertions to promote the comfort of the members and the best interests of the association.

Resolved, That to the physicians of Washington and Georgetown and the faculty of Georgetown College we accord the homage of our sincerest thanks for their elegant hospitalities extended to the members from abroad, by which the pleasure of their sojourn here has been so greatly enhanced.

Resolved, That we feel assured that the impressions on the tablet of memory received here, in our national metropolis, in this the first year of the second decade of the association, will long remain an evidence of the urbane attentions received not only from the Chief Magistrate and other public functionaries of our glorious Union, but of private citizens and the community at large.

Resolved, That the manifestations of union of heart and purpose in the action of this session inaugurate a new era, and call for devout acknowledgment to Divine Providence, and presage, as we trust, not only a bright future for the association, but also as contributing to the perpetuity and prosperity of our great national confederation.

On motion of Dr. Anderson, of New Jersey, it was unanimously resolved that the thanks of the medical association be presented to Rev. Dr. McGuire and the faculty of the College of Georgetown for their very cordial reception and entertainment of the association at the College yesterday.

Dr. Arnold, of Georgia, then exhibited specimens of a new method of medical preparations of some membrane incomprehensible to the reporter, but which was evidently very interesting to the association.

Dr. Dunbar claimed the floor, and urged the reconsideration of the vote appointing a committee to wait on the Secretary of the Treasury, and solicit the reinstation of Dr. Bailey.

Dr. Payne, of Virginia, opposed the reconsideration.

Dr. Tyler advocated it, and asked if this association was formed to wait on executive officers, and to dictate to them whom they shall remove, and whom they shall appoint. Many gentlemen around him, he was assured, had voted for the resolution without due reflection, and he trusted with confidence in their sober second thought. [Applause.] The press and the profession, he felt confident, would denounce this association if it entered into the wide field of politics. It was instituted to promote the great cause of science, not to join issue with government. [Applause.]

Dr. Morgan also advocated a reconsideration. He was not a partisan. Although he resides in Washington, he has no personal acquaintance with the President or the Secretary of the Treasury, but he was confident that they would not have made the change without good reason, and it was not the mission of this association to criticise or to attempt to change their views.

Dr. Palmer, after stating how little regard he had for the opinions of the press, inquired as to the present incumbent of the office. Is he capable?

Dr. Watson, of New York, said that Dr. Bailey had had his circulars out since his "rotation," and the subject had been twice before the Academy of Medicine, who have ignored it.

Dr. Burns, of Brooklyn, said that he was not a politician, and that he was a personal friend of Dr. Bailey, but he hoped that the vote would be reconsidered.

A member from California related his experience there on a question as to the superintendent of a lunatic asylum. In his

opinion the less the association had to do with politics, or with expressions of opinion on political appointments, the better. [Applause.]

Dr. McNulty, of New York, said that the question had been twice before the New York Academy of Medicine, and twice been voted down. The present incumbent, whom it is sought to oust, is a German by birth and education. He can read the invoices in whatever European language they may be sent, and he makes his own analyses, which it is reported the ex-inspector did not do.

After some "parliamentary" skirmishing, it was decided to reconsider by a vote of 51 ayes to 32 noes. And, on motion, the subject was then indefinitely postponed.

The association then took a recess of two hours, for dinner.

EVENING AND CLOSING SESSION.

The association was called to order at five o'clock p. m., by Dr. Sutton, one of the vice presidents, who took the chair.

The amendments to the constitution, proposed at the annual meeting at Nashville, had been made the "special order." They were:

1st. Amend the third article of the constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words "or the first Tuesday in June;" and also inserting after the words "shall be determined," the words "with the time of meeting." 2d. In article 2, omit the words "medical colleges," and also the words "the faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates."

Each amendment was separately discussed, and each was lost by a large vote. An amendment proposed at Philadelphia in 1856 providing for the establishment of a permanent secretaryship was lost by a vote of 53 ayes to 84 noes.

On motion of Dr. Foster, of Tennessee, the secretary was directed to collect all the by-laws, and have them printed in the next volume.

An attempt was made to introduce a motion endorsing the acoustics and ventilation of the new Capitol extensions, but it was ridiculed by Dr. Sayre, and was withdrawn.

Various additional votes of thanks were passed, and, at ten minutes of seven, the association adjourned *sine die*.

EXCURSION.

The members and delegates of the National Medical Association were entertained last evening at the residences of Hon. Stephen A. Douglas, corner of New Jersey avenue and I street,

Dr. Cornelius Boyle, 27 Four-and-a-half street, and Dr. J. F. May, 397 C street.

To-day there will be an excursion on the steamboat Thomas Collyer to Mount Vernon, Fort Washington, and the Pavilion, where a *planked shad entertainment* will be given to the association by the medical profession of the District. The Thomas Collyer will leave her pier at the foot of Seventh street punctually at 15 minutes before 10 o'clock a. m. Ladies accompanying delegates have been invited to join the party.

PROCEEDINGS OF MEDICAL SOCIETIES.

PROCEEDINGS OF THE ILLINOIS STATE MEDICAL SOCIETY.

The Illinois State Medical Society convened in Warner's Hall, city of Rockford, June 1st, 1858, at 10 o'clock. About fifty delegates were present during the meeting. The nominating committee reported as officers for the ensuing year—Dr. H. A. Johnson, of Chicago, *President;* Dr. J. K. Bailey, of Joliet, 1*st Vice President;* Dr. Wm. Lyman, of Rockford, 2*d Vice President;* Dr. J. W. Freer, of Chicago, *Treasurer;* Dr. N. S. Davis, of Chicago, *Permanent Secretary;* Dr. S. McBride, of Decatur, *Recording Secretary.* Neither of the secretaries being present, Drs. Blount and Foote were elected secretaries *pro tem.*

Afternoon, 2 o'clock. A paper was read by Dr. Foote, from Dr. G. W. Phillips, on "purpura hemorrhagica," containing the report of several interesting cases. A resolution was passed, that a committee be appointed to take the necessary steps for incorporating the society. We failed to get the names of this committee. A resolution was also passed, that a committee be appointed to mature a plan and memorialize the Legislature in favor of a law to legalize dissection. Dr. C. N. Andrews, of Rockford, is chairman of that committee.

June 2*d.* After reading the minutes, the next thing in order was the valedictory address of the president, Dr. Goodbrake. The subject of that excellent production was "the causes which retard the improvement of our profession in this State." The 1st conclusion was that of want of preliminary education; 2d,

sending medical students to the eastern cities to attend lectures. (The speaker admitted that many years ago it was an evil tolerable only because unavoidable, but he thinks now they may be much better educated in the West, because we have just as able teachers, while we have ample hospitals filled with patients affected with diseases of our own climate, as well as every other almost in the civilized world); 3d, want of discriminative powers, from which arises that false experience which so often misleads the profession; 4th, too little attention to medical jurisprudence both by teachers and students. (He alluded to the many ludicrous blunders often committed by medical men of superior abilities from this negligence); 5th, apathy in encouraging and maintaining county and district medical societies. (He considers them great social stimuli which actuate us to greater exertion for higher attainments, promoting more genial fellowship and unity of effort). The address winds up by an exhortation to the members of the profession not to admit students to their offices who do not possess certain prerequisites in the way of education; to encourage our own medical schools; study medical jurisprudence more thoroughly, so that we may do credit to our profession in this department of it.

Dr. F. K. Bailey, of Joliet, as chairman of committee on practice of medicine, read an erudite and highly-practical report on the subject of disease in Illinois. Quite an interesting debate ensued, in which several members participated.

2 o'clock P. M. The society by invitation visited the public school in West Rockford. It affords us much pleasure to assure the people of Rockford that the whole society were delighted at the prospects so apparent from this well regulated institution.

After reassembling at the hall, a resolution was adopted that enables the society at each session to appoint the time for their next meeting.

A voluntary paper was read by Dr. J. W. Freer, on "a new mode of dressing fractured clavicle." After enumerating the imperfections of all former treatment, he proceeded to explain his plan. The objects being to keep the shoulder up and back, he applies rollers of adhesive strap in the following manner: a pad is first to be placed under the arm, and the right position

given to the member and fragments, when a strap of adhesive plaster, two and a half inches wide and a yard and a half long, is attached at its middle to the outside of the middle of the forearm on the affected side, and one end carried up before and the other behind, until they cross over the sound shoulder. Another is to encircle the body and pass over the middle of the affected arm; the hand is then put in a sling, secured by adhesive straps. The dressing seldom needs readjustment until the fracture has entirely united, when they may be laid aside.

A resolution was passed condemnatory of the practice of hiring by the year, month, or week, to attend private families or individuals. It was understood that the resolution did not apply to the attendance for salaries upon public institutions.

At 8 o'clock P. M., the society proceeded to the Metropolitan Hall in East Rockford, where Dr. H. A. Johnson delivered an excellent and acceptable address to a large and intelligent audience.

June 3d, 9 o'clock A. M. Society met and proceeded to business. Resolutions were passed recommending the appointment of a committee of three, of which Dr. Stormont, of Grand View, was made chairman, to memorialize the Legislature in favor of a law for the registration of marriages, births and deaths. Dr. Prince, of Jacksonville, was made chairman of a committee to to memorialize the Legislature in favor of a law for the cure and education of the idiotic and insane.

Dr. Chambers, chairman of committee on surgery, read an interesting report, containing the biography of many of our Western surgeons, together with some valuable cases of surgery. A paper was read by Dr. Bailey on "solid concretions in the bowels," with details of a singular case and exhibition of a specimen of this class of accumulations. The thanks of the society were voted to Dr. Johnson for his able address, and a copy requested for publication. Dr. Andrews, of Rockford, read the report of a case of ruptured uterus, in which the rent was so extensive as to permit the escape of a fœtus with the membrane entire, containing a large quantity of liquor amnii, into the peritoneal cavity. The rupture took place without uterine contraction, and probably was the effect of disease in the

uterine parietes. The fissure extended from the cervix to the middle of the fundus. Dr. Young, of Aurora, also presented a case of ruptured uterus, occurring during labor, while the head was pressing upon the perinæum. The child was small and dead; it was extracted by forceps, (at least, this was our recollection of the report). The patient recovered and again became pregnant, and at about the same stage of labor, rupture was again produced by the powerful uterine contractions, and what is very remarkable, the patient expired, as Dr. Young expresses it, instantly after the accident. Post-mortem examination revealed an extensive rupture, through which the child and placenta were expelled into the peritoneal cavity.

The committee on nominations reported the following standing and special committees:

Practical Medicine—Drs. W. Lyman, chairman, Goodbrake and O. J. Herrick.

Surgery—Drs. Powel, chairman, Stearns and Hice.

Obstetrics—Drs. Byford, Noble and Young.

Special Committee on Typhoid Fever — Dr. Chambers, Charleston.

On Diseases and Surgery of the Eye—Dr. Goodwin, Rockford.

On Anchylosis with Forcible Rupture—Dr. Freer.

Committee of Arrangements—Drs. Trowbridge, King, Chenoweth, Curtis and Moore.

The following gentlemen were elected delegates to the American Medical Association:

Drs. Noble, Harris, Freer, Steele, Nance, McArthur, Edmiston, Bailey, W. Lyman, Luce, L. Clark, Hollister, Young, Chambers and Martin.

A committee was appointed to memorialize the Legislature in favor of a law to legalize dissection—Dr. Andrews, chairman.

Dr. C. W. Clark was appointed to report on "the effect of tobacco on the system."

There was also a committee appointed to report on Drugs and Medicines, but we have forgotten the names of the gentlemen appointed. At 2 o'clock P. M., the society visited the Public School of East Rockford, with which all expressed themselves

highly pleased. Various complimentary resolutions were passed, but having no professional interest they are omitted.

The above sketch of the proceedings of the Illinois State Medical Society is intended to embrace most of the important facts without being complete. Doubtless, some things are omitted that would have been interesting, and we would refer the reader to the minutes, as they will be published in the forthcoming volume of transactions.

The society adjourned at 6 o'clock P. M., after accepting the invitation of the ladies of the Female Seminary to attend a festival at that institution, at 8 o'clock P. M. The evening was very stormy, and prevented many from attending who desired to do so. The occasion was one that will not be soon forgotten by the members of the society. Miss Sill, the principal of that new but useful and creditable academy, knows quite as well how to be entertaining to guests as instructive to pupils. She is well sustained by a learned and efficient corps of lady teachers; and oh! what shall we say of the two hundred fair students who sit daily at her feet for instruction? We know of no better way of expressing ourselves than to use the language of ex-president Dr. Goodbrake on quite as perplexing an occasion—"There is no use trying, we cannot do justice to the subject."

Rockford is one of the most lovely little cities we ever visited; and the season of the year, the hospitality of the citizens, the whole-souled liberality of the doctors, and genial feeling prevailing among the members of the society,—all combined to conduce to the utmost the right kind of enjoyment. The only thing that occurred to mar the happiness experienced by all, was the disastrous devastation of the flood on Thursday, but this was more than compensated for by the agreeable detention in such pleasant company.

SKETCH OF THE PROCEEDINGS OF THE INDIANA STATE MEDICAL SOCIETY.

FURNISHED BY THOS. W. FRY, M.D., CRAWFORDSVILLE, IND.

The society convened on the 19th of May, in Indianapolis, in the hall of the House of Representatives.

Dr. Bullard, the president, being in Europe, Dr. Cogley, one of the vice presidents, took the chair; Drs. Elliott and Newcomer, secretaries. A committee of five on admissions, was appointed, and requested to report at the afternoon session.

Verbal reports were made by the secretary, treasurer, and librarian. Dr. Kitchen, from the committee on publication, reported verbally.

Adjourned till 2 o'clock p. m.

AFTERNOON SESSION.

Society met pursuant to adjournment.

The committee on admissions reported the names of twenty-two physicians for membership, all of whom were elected.

The report of the committee on ethics was made special order of the day for 3 o'clock p. m.

Dr. Humphreys, from the committee on the practice of medicine, stated that a report would be presented at some future time.

In the absence of the chairman of the committee on surgery, Dr. Lomax was requested to read some cases which he had written out.

Dr. Ayres, chairman of the committee on obstetrics, made a verbal report, and on motion the committee was continued, to report at the next annual session.

The committee on chemistry reported verbally, through their chairman, Dr. Parvin, and on motion was discharged.

Committee on medical education called; the chairman absent; on motion, Drs. Fishback and Brower were added to the committee, and their report made the special order of the day for to-morrow, 10 o'clock a. m.

No report from the committee on materia medica.

Dr. Hutchinson, from the committee on microscopy, read a very excellent report, which was received and referred to the committee on publication.

Committee on chronic diseases of the brain called, and their report made the special order of the day for to-morrow morning, 11 o'clock.

Dr. Meeker continued his report from last session on fractures and false joints—a superior paper. Received and referred to the committee on publication; committee continued.

Dr. Knepfler read a good paper on the history, the use and abuse of mercury. Referred to the publication committee.

Adjourned till half-past 7 p. m.

WEDNESDAY MORNING.—Dr. Lomax read two remarkable and very interesting cases as a part of the report on surgery. One of them will attract the attention of medical philosophers in all parts of the world. It was a case in which there was a fracture of the skull, and a large portion of brain lost, producing very strange and wonderful moral and mental developments. It will appear in our transactions.

Dr. Newcomer, from the committee on substitutes for quinine in the treatment of intermittents, reported verbally, that no substitute for severe cases had as yet been discovered.

The chair announced the names of Drs. Brower, Parvin, Humphreys, Meeker, and Woodworth, as a committee on nominations.

Report of the committee on ethics indefinitely postponed, on motion of Dr. Brower.

The special order of the day for 10 o'clock, the subject of medical education, was then taken up. Dr. Fishback read an admirable report. There was general discussion of the subject by Drs. Brower, Fishback, Fry, Lomax, Ayres, Harding, Cornett, and Jameson, and a deep interest was manifested by the society.

The hour for the report of the committee on chronic diseases of the brain having been announced, the discussion was postponed. Dr. Elliott, chairman of the committee, read his report, which was received and referred.

The chair announced the following standing committees:

Executive Committee—Drs. Dunlap, Woodburn, Bullard, Thompson, and Kitchen.

Committee on Finance—Drs. Mauzy, R. C. Moore, Bullard, Knepfler, and Darrach.

Committee on Publication—Drs. Parvin, Darrach, Elliott, Bullard, and Jameson.

Committee on Ethics—Drs. Woodworth, Lomax, Humphreys, and Murphy.

Committee on Chronic Diseases of the Brain—Drs. New, Lomax, and Harding.

Committee on Practice of Medicine—Drs. Woodworth, Ayres, and Sutton.

Committee on Surgery—Drs. R. Spencer, Latta, and Lomax.

Committee on Obstetrics—Drs. Ayres, Harding, and J. Ellis.

Committee on Medical Education—Drs. W. R. Smith, Newland, Fry, and Fishback.

Committee on Materia Medica—Drs. Jameson, Fishback, and Brower.

AFTERNOON SESSION.—Committee on fee bill reported; report received and laid upon the table.

On motion of Dr. Fishback, Dr. Fry was appointed to report on medical inhalation at the next session.

Dr. Brower, chairman of the committee on nominations, reported as follows:

President—Dr. Nathan Johnson.
Vice Presidents—Drs. Austin, Fry, Newland, and Latta.
Corresponding Secretary—Dr. J. M. Gaston.
Recording Secretaries—Drs. T. B. Elliott and F. S. Newcomer.
Treasurer—Dr. Charles Parry.
Librarian—Dr. Wm. P. Thompson.

Delegates to the American Medical Association:

Drs. Ayres, Woodburn, Kitchen, Jameson, W. Davidson, S. Davis, W. T. S. Cornett, Sloan, Austin, Town, Bowman, Clapp, jr., Parvin, J. J. Wright, Mauzy, Hillis, Boynton, Thompson, Tinton, Knepfler, Humphreys, Latta, R. Spencer, Casselberry, New, Jessup, Fishback, DeBruler, Maxwell, Grimes, Ford, Ray, Graff, Harding, Brower, Freeman, Sutton, Elliott, Bobbs, T. B. Harvey, Hutchinson, Dunlap, Coleman, Fry, Haughton, Woodworth, and O'Farrall.

Dr. Woodburn read the report of a case of dry gangrene.

Dr. Humphreys reported a plan for an interchange of public transactions of local societies within the U. S.

Discussion on medical education resumed, and after a large discussion, the report was laid on the table on motion of Dr. Hillis.

Dr. Newcomer offered the following resolution:

Resolved, That a committee of three be appointed to report at its next meeting, on the history of uses and abuses of Tobacco; adopted. Committee—Drs. Wm. Spencer, Brower, and Smith.

Dr. Brower offered the following resolution:

Resolved, That this society receive, with cordial approbation, the circular emanating from Rush Medical College at Chicago, upon the subject of a reform in the system of public medical instruction, and pledge themselves, so far as may be in their power and within the sphere of their proper function, to extend their cordial co-operation in all measures touching the purification and improvement of our system of education.

On motion of Dr. Haughton, a committee was appointed to report on the treatment of syphilitic diseases without the use of mercury; carried.

A vote of thanks, tendered the state librarian for the use of the Hall.

On motion, adjourned to meet the third Tuesday in May, 1859.

T. G. COGLEY, *President.*

T. B. ELLIOTT,
F. S. NEWCOMER, } *Secretaries.*

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" .....Bottles of 100 Granules
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Conicine.....in bulk
" .....Bottles of 100 Granules
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" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" ".....Bottles of 100 Granules
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" " .....Bottles of 150 Dragees
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" .....Bottles of 130 Dragees
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Calcined Magnesia..... "
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Ergot, powder cov'd with sugar as soon as pulverized.....in bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
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" " ...Boxes of 200 Dragees
Tartrate of Potassa and Iron.....in bulk
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Dragees of Copaiba, pure solidified..... in bulk
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Extractum	Aconiti	Fluidum,	One	fluid	drachm	is	equal	to	½ a	drachm of the crude material
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"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U. S.	"	"	"	"	½	"	"	"	"

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Asclepin,	Asclepias Tuberosa,	1 50
Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerascin,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
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Euphorbin,	Euphorbia Corolata,	1 50
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Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
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Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
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Menispermin,	Menispermum Canad.,	1 00
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Phytolacin,	Phytolacca Decandra,	1 00
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Strychnin,	Strychnos Nux Vomica,	3 00
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" " Euonymus Amer.	0 50
" " Eupatorium Purpu.	0 75
" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
Con. Comp. Stillingia Alterative,	1 00
Xanthoxylin Pills,	0 50

	per bot.
Con. Tinc. Gelseminum Semp. 6 oz. bot.	1 00
" " Veratrum Viride, 4 oz. bot.	0 75
Wine Tinc. Lobelia Infl., 6 oz. bot.	0 50

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Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 55
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

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THE CHICAGO

MEDICAL JOURNAL.

VOL. I. JULY, 1858. No. 7.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

SUCCESSFUL CASE OF RESECTION OF THE KNEE JOINT, WITH REMARKS, AND A TABLE OF MOST OF THE RESECTIONS OF THE KNEE PERFORMED TO THE PRESENT TIME.

BY DANIEL BRAINARD, M. D.,

Professor of Surgery in the Medical College of Chicago, etc.

CASE. Walter Lawler, aged ten years, to the College Clinic for operation, January 20th, 1858.

History. About a year and a half previous to this time, he began to complain of pain in the knee. He received a severe injury, the date of which is uncertain, but it seems to have greatly aggravated the disease of the articulation, as it swelled, suppurated, and was opened in December, 1857.

Present state. Leg flexed. There are several openings into the knee joint, one of which in front is of large size. There is a copious discharge of serous pus. The boy is much emaciated, affected with chills, night sweats and diarrhœa, and has an anxious and suffering expression.

The hygienic condition of the patient had been as bad as could well be conceived. Improper and insufficient food, thin clothing, bad air and exposure to cold, had been constant. As the city authorities of Chicago make no provision for taking

care of the poorest class in hospitals, he was necessarily continued in the same unfavorable circumstances after the operation.

The operation determined on was resection of the condyles of the femur, and dissection of the articular surface of the tibia. The reasons for this determination may be gathered from the cases and operations hereto appended.

Operation. Two transverse incisions were made across the joint, one above and the other below the patella, which was involved in the disease. The ligaments were divided; the end of the bone turned forward, and sawed off with the common saw of the amputating case. The exact length of the piece removed was two and a half inches. The surface of the tibia was then cut away with bone nippers; a part of it was still covered with articular cartilage, but the greater part was denuded of its cartilage, and presented a red, rough, fungous appearance, like that observed in the disease called fungus articuli by English authors.

No ligatures were required for bleeding vessels. The edges of the wound were brought together with stitches, and the member placed on a straight carved splint. The patient was under the influence of chloroform during the whole of the operation. This, in regard to mechanical difficulties in its performance, the important parts involved, and its effect on the constitution, is somewhat less serious than might be expected.

The internal surface of the joint presented the appearances already described upon the tibia. The disease had originated in the synovial membrane.

Result. I have not any minutes of the subsequent treatment of the case. The suppuration was very copious, and the wound showed little disposition to heal; stimulating washes were thrown into the wound; tonics, and as good a diet as could be commanded for him, were directed to be used.

At the present time, four months after the operation, the wound is entirely healed, except some small openings. There is little tenderness, and the boy is able to walk about on crutches, and his health is improving. There is still some movement at the knee, and there seems every reason to expect a useful limb.

Table of Cases of Resection of the Knee Joint performed from 1781 *to* 1830.

Surgeons.	No. of Cases.	Results.
MM. Park	2	1 cure, 1 death.
Filkin	1	Cure.
Moreau	3	1 cure, 1 death from the operation, 1 death from dysentery when the member was almost well.
Mulder	1	Cured of the operation, died from tetanus after accouchement.
Fricke	4	1 cure, 3 deaths.
Texter	2	Both died.
Jaeger	1	Cure.
Rowe	1	Died.
Crampton	2	1 cure, the other recovered from the operation, but was not cured.
Syme	2	1 cure, 1 death.

Deaths	10
Recoveries	9
Total	19

Table of Operations performed subsequent to 1840.

Surgeons.	Sex and Age.	Date of Operation.	Results, State of Member, Observations.
Mr. Fergusson	Male, 21 yrs	20th July, 1850	Death—from the operation.
Jones	Female, 25 "	19th Jan., 1851	Cure—perfect use of the member.
Jones	Male, 11 "	27th April, 1851	Ditto ditto
Jones	Female, 30 "	4th Sept., 1851	Death—of dysentery epidemic.
Jones	Female, 7 "	25th Jan., 1852	Cure—perfect use of the member.
Page	Male, 14 "	7th June, 1852	Ditto ditto
Jones	Male, 20 "	25th Sept., 1852	Ditto ditto
Fergusson	Female, 21 "	30th Oct., 1852	Ditto ditto
Mackenzie	Male, 42 "	5th Feb., 1853	Ditto ditto
Pritchard	Male, 20 "	16th M'rch, 1853	Ditto ditto
Thomas	Male, 12 "	28th M'rch, 1853	Ditto ditto
Fergusson	Female, 28 "	2d April, 1853	Death—of pyemia 60 days after oper'n
Jones	Male, 9 "	17th April, 1853	Cure—perfect use of the member.
Mackenzie	Male, 28 "	5th May, 1853	Ditto ditto
Cotton	Male, 9½ "	5th Oct., 1853	Cure—with use of member for walk'g
Gore	Male, 14 "	31st Oct., 1853	Cure—with perfect use of member.
Thomas	Male, 16 "	15th Nov., 1853	In treatment—cure.
Keith	Male, 9 "	26th Nov., 1853	Cure—with perfect use of member.
Mackenzie	Male, 18 "	24th Dec., 1853	Death—24 days after operation, which was followed by obstinate diarrhœa.
Stewart	——		Result "encouraging."
Butcher	Male, 33 "	20th Jan., 1854	Cure—perfect use of the member.
Ericksen	Male, 7 "	15th Feb., 1854	Cure—anchylosis perfect, use of mem.
Pemberton	Male, 12 "	8th Feb., 1854	Cure—perfect use of member.
Mackenzie	Male, 12 "	15th April, 1854	Death—of phthisis 12 days after oper.
Keith	Male, 14½ "	17th May, 1854	Cure—perfect use of member.
Jones	Female, 16 "	—— July, 1854	In treatment, rapid progress to cure.
Fergusson	Male, 10 "	29th July, 1854	In treatment—cure rapid.
Holt	Male, 8 "	7th Aug., 1854	Progressing rapidly to cure—after six months, bone anchylosed.
Statham	Female, 20 "	28th Aug., 1854	Cure rapid—union of bone complete.

Smith	Male,	6 yrs.	18th Oct., 1854.	Cure rapid—union between the bones very advanced.
Ericksen	Male,	6 "	11th Oct., 1854.	Cure rapid—good anchylosis, almost completely solid.
Pemberton	Male,	12 "	20th Dec., 1853.	Cure rapid—ligamentous union, useful member.
Brotherton	Male,	10 "	19th May, 1854.	Cure rapid—anchylosis, walks without a crutch.
Brotherton	Male,	11 "	12th Jan., 1855.	Cure rapid—useful member.
A surg'n of B'h army,		Name, etc. not given.		Died.
Mr. Jones	Female,	9 yrs.	16th Aug., 1855.	Cure—walks well.
Cotton	Male,	9 "	27th Sept., 1854.	Cure—walks well, considerable force of flexion.
Buck				Cure—good member—anchylosis.
Brainard	Male,			Cure.

Note.—A great part of the above table is translated from the *Gazette Medicale*, for 1854.

The operation of resection of the knee joint is said to have been first proposed and performed by Park in 1781. From that time to 1830 the operation was performed nineteen times. Ten of these operations resulted fatally, and nine survived the operation, although but seven seem to have been cured. Mr. Syme, in 1830, condemned the practice, and for ten years it seems not to have been performed. It was revived by Mr. Fergusson in 1850. From that time to the present we have reports of thirty-eight cases, of which thirty-two seem to have resulted favorably, and six only fatally. Of these latter, even two are supposed to have died of dysentery or diarrhœa, and one of phthisis pulmonalis.

In view of such results, we cannot but be surprised that amputation of the thigh is still generally resorted to in caries of the knee joint. In the shoulder, the elbow, the wrist, and the ankle, resection is generally preferred to amputation, both in wounds and caries. In regard to the hip and knee, the question may be regarded as at present, *sub judice.*

The points which should determine the preference are the following:

1. Is it more dangerous than amputation of the thigh?

2. Is the member more useful after recovery than an artificial one?

The facts speak for themselves on the first point, and there can be little doubt that resection of the knee is less dangerous than amputation of the thigh.

It would appear also that little doubt could exist on the

second head, although much must depend in this respect on the facility of procuring artificial members of a perfect construction; yet we find, so late as 1855, Mr. Syme was opposed to the operation, and it is to his authority that the reluctance to perform it is in a measure due. After the above cases have been contemplated, it surely can no longer be considered a "curious experiment," as Mr. Syme styled it.

There is, however, a distinction to be drawn. It will be noticed, for example, that the fatal results were, with one exception, among the oldest class of patients. I believe, too, that but one of these cases was performed for a wound, and this proved fatal. The extent to which the removal of the ends of bone may be carried has not been determined. Two and a half inches seems about the average, but in some cases more was removed.

Anchylosis is the ordinary result of the operation, and yet very good limbs have been obtained with considerable mobility. Unless the destruction of bone is very extensive, amputation of the thigh should never be performed for scrofulous disease of the knee. If any operation be required, resection should be resorted to.

ARTICLE II.

PLACENTA PRÆVIA.

BY J. P. TERRELL, M. D., OF MACKINAW, ILL.

I was called, March 2d, 1858, in the country a few miles, to see a Mrs. W., who was reported to be in a dying condition, from loss of blood. On arriving at the house, I was immediately introduced into the sick chamber of my patient. Her face looked bloodless, pulse failing rapidly, regular labor pains, each pain accompanied with a gush of blood; said she had commenced wasting a month ago, but did not suppose she was in a dangerous condition; said she was about seven months gone.

I made an examination per vaginum, and learned that I had to do with a case of placenta prævia. The os uteri was dilated

to about the size of a fifty cent piece, and rigid. The placenta was presenting directly over os uteri.

I informed the husband of the dangerous condition of his wife, and requested him to send for some other doctor; but there was none called, for reasons that I need not here state.

The life of my patient was running rapidly away, and something must be done, and done quickly, or else her life would be soon run out, and the scene would be closed.

I used all the means and appliances within my reach to hasten dilatation and check the hemorrhage; but the only thing I did that was of any benefit, was elevating the foot of the bed, which appeared to exert a slight influence over the hemorrhage.

About this time, my patient informed me that she had not felt any movements of the child for many hours. I immediately auscultated the abdominal tumor, and was soon satisfied that the child had ceased to live. But of what benefit would this discovery be to my patient? The uterus was still contracting a little, but her strength was rapidly on the decline. The child was dead, and so it claimed no part of my attention, at least for the present. I asked myself why, If the placenta was entirely detached, the head of the child would not come down and arrest the hemorrhage? I accordingly introduced my hand, and with my index and middle fingers, succeeded in entirely detaching the placenta from the uterus, and also discharging the bag of waters.

I kept the placenta pushed to one side as much as possible, so that when a pain did come on, the head might pass down and freely engage in the mouth of the womb, and check the hemorrhage. I was almost despairing of success, and was coming to the conclusion that I in all probability was hastening the fatal result.

But thank the fates, about this time the uterus commenced to contract strongly down upon its contents, the head was pressed down with considerable force, but I succeeded in keeping the placenta above and to one side of the os uteri, until the second pain came, and when, to my great joy, the head glided past and immediately became engaged in the os uteri, instantly checking the hemorrhage. I now for the first time had a spare minute

to think. I found that I had been with my patient some two or three hours, and that the bright luminary of day was just going down beyond the western prairie, and ere long sable darkness would steal in and absorb the golden rays that were being shed over the eastern sky. But I dared not stand and watch the changing of the beautiful landscape before me, for if my patient was not bleeding to death, she was in a fainting, almost dying condition, and I must leave no means untried to save the life of the wife and mother entrusted to my care. No neglect of mine shall cause the husband and father to exclaim, "I am alone in the world, my best friend, the wife of my bosom is gone;" or the children to cry, "we are orphans, our mother is dead."

I gave her beef tea, opii and sugar lead, quinine and brandy, etc., through the night with, I thought, benefit, for in the morning (March 3d) she appeared to have more strength than on the previous evening. She remarked that she "felt quite strong this morning." She slept some through the day, had but little pain, until towards evening they began to grow stronger and and more frequent. The os was not so rigid, and I thought was dilating slowly. I gave her occasionally teas of different kinds, hoping they might be of some benefit. This condition of things continued, with gradually increasing pains, until eight o'clock, when I learned, to my great satisfaction, that all the parts were rapidly dilating and the labor progressing as safely as I could expect; and before twelve o'clock, with the aid of the forceps, my patient was delivered of quite a large child, which presented the appearance of having been dead for several days, and no less than a minute after the child was born I brought away the after-birth, put on the bandage, introduced my hand into the cavity of the womb, with my fingers irritated its walls, which caused it to contract, expelling my hand, and my patient was free from a hemorrhage that had again threatened her life.

March 4th. Wasting not too much, gaining strength slowly.

March 5th. Same as yesterday.

March 6th. Strength considerably improved, severe after-pains, has had no chill, used the catheter to draw off the urine, which gave some relief, gave her half an ounce castor oil.

March 7th. Found my patient in an alarming condition, had

had a chill that morning, which lasted about an hour, after which a burning fever came on, pulse by the watch 120, feeble and intermittent, knees drawn up, abdomen slightly tympanitic, very tender on pressure, and severe abdominal pain. I directed a large mush poultice to cover the entire belly, and gave her the following:

Opii,	grs. i.
Calomel,	grs. vi.

One every four to six hours; tinct. veratrum viride, four drops every three hours. The powder was continued twenty-four hours, when free catharsis had occurred.

I then substituted the turpentine emulsion, of which I directed a teaspoonful, containing four drops of the veratrum, every three hours.

Under the above (being the principal) treatment she rapidly improved, and before six days had passed, I considered her clear of danger, so far as the fever was concerned.

Now many days since she is enjoying good health. There was no secretion of milk in this case.

I have had two cases of placenta prævia before, but in both I succeeded in turning and delivering without any great amount of trouble. But in the above case I could do no such thing. Some other course might have succeeded better, but I did just what occurred to my mind at the moment, without stopping to think whether or not I had ever seen anything written upon the subject.

ARTICLE III.

CASE OF PSEUDO-MEMBRANOUS LARYNGITIS, OR TRUE CROUP.

(EXPULSION OF FOUR ORGANISED MEMBRANES.)

BY J. DRAKE HARPER, M. D., OF SPRINGFIELD, ILLINOIS.

On Thursday the 15th day of April, I was called to see a daughter of Mr. R., aged six years, who was laboring with *true croup*. On Saturday and Sunday preceding, she complained of sore throat and some hoarseness. On Monday morning, she was out in the rain; the following night she became hoarse, difficulty

of breathing, considerable fever and soreness of the throat. They gave her an emetic of comp. syr. of squills. The following morning she appeared better, and remained so until towards evening, when the breathing became very laborious; high fever, great thirst, voice sibilant and cough smothered; they gave the squills as before and bathed her feet, under the operation of the emetic. It expelled a false membrane an inch and a half long, tubulated at one end, over half an inch. After the expulsion of the membrane, the child breathed easier and supposed to be much better, run about the house, slept tolerably well the following night, and was up about the room most of the day (Wednesday), but very hoarse, same cough, voice entirely smothered. The following night the disease assumes all the former symptoms, but much more alarming, the squills were used as above stated and a warm bath. It vomited freely, and finally through a spasmodic effort at coughing and choking, a membrane was again expelled, an inch and a half long, tubulated from end to end, with blood-vessels ramifying over it. Mr. R. stated to me he could have placed it on his little finger like a *glove*, he said *it looked like a chicken's windpipe, all ridgy and rings around it.* In his anxiety to see the inside, he destroyed it.

The relief in breathing was considerable, but not so marked as before; but, strange as it may appear, the parents did not become sufficiently alarmed for the safety of the child, until the following day (Thursday), when I was summoned to see it. I arrived there about 2 o'clock P. M., found the child breathing with great difficulty, head thrown back, face flushed but bathed with perspiration; pulse 140, intermitting and rather weak; voice not above a low whisper; cough not frequent, but entirely smothered; very restless; tongue red at the point; considerable thirst; difficulty of swallowing from soreness of throat and fear of suffocation.

On examination of the throat and fauces, I found considerable exudation of plastic lymph, and congestion, and bright red inflammation of the mucous membrane of the throat and fauces, etc.; knowing the proper time for bloodletting had passed, and the third period or period of collapse had arrived, and the only hope was in the expulsion of the membrane—for this purpose I

administered an active emetic of calomel, ipecac. and antimony. I waited a short time and commenced with a solution antimony, in about one hour it expelled a membrane about the same length, but only tubulated at one end a half an inch. I placed her on calomel and ipecac., to be given every two hours, and a strong solution of antimony, to be used if the breathing became difficult; and left, with orders to send for me if the case required. *In the night, about 3 o'clock a. m.*, I was again sent for. A short time before I arrived, she had expelled the fourth membrane, which I have now in my possession, tubulated at both ends, an inch and a half long. A number of my medical brethern have seen this pathological specimen of croup membrane.

The following is a partial representation of the case:

"There is generally some little expectoration, and it may be that by great efforts, some shreds of lymph may be thrown off from the larynx, with manifest relief for the time, but followed by a return of the distressing suffocation. The whole expression of the child's face, figure and posture, is one of unmitigated distress; of the agony of oppressed breathing; of the horrible dread of suffocation. It turns on every side for relief and finds none; it changes its position, lying down or sitting up, restless and anxious, as those who strive for the breath of life, and despairing as those whose efforts are in vain; awake or asleep, the distress continues; it finds no relief in the arms of its mother, no comfort in her caresses.

"From this condition the child rarely recovers. There may be occasional remissions, as I have mentioned, after the expectoration of mucus and lymph, but that is only temporary, and as the disease extends itself downwards along the bronchial tubes, all chance is excluded. The local and general distress increases; the efforts at respiration partake of a convulsive character; the passage of air through the larynx becomes more and more difficult; and after a short time, seldom above twenty-four hours, death terminates the painful scene."

Such is the graphic description given by Dr. Churchill, page 242—*Infants and Children.*

I visited my little patient on Friday afternoon. I found it beyond hope, rapidly sinking from exhaustion of the vital powers.

It had fallen into a state of stupor, and died lethargic, on Friday night.

"The younger the child the more liable it is to have the disease terminate by convulsions."—*Churchill.*

Causes.—"The principal causes appear to be constitutional aptitude, exposure to a cold, damp, changeable atmosphere, insufficient clothing, and epidemic miasma."

Dr. Eberle says, page 347, *Diseases of Children*—"I have no hesitation in saying that the fashion of clothing children lightly, exposing their legs, arms and necks, under the foolish notion of hardening them, is extremely favorable to the production of croup."

The Doctor has given a striking illustration of this in the case of a German settlement in America, who are in the habit of clothing their children in such a manner as to leave no part of the breast and lower portion of the neck exposed. "During a practice of six years among this class of people, I recollect having met but a single case of this affection, and this case had occurred in a family who had adopted the present universal mode of suffering the neck and superior portions of the breast to remain uncovered."

This case was one where organization and vital powers were extraordinarily good, and being raised in the country, was allowed to run wherever it desired, without regard to weather or health. Being endowed with strong vital powers, nature resisted disease, and the four membranes were expelled, which is of rare occurrence.

Dr. Churchill, page 246, in referring to Dr. Copeland on Croup, says—"That the membranous substance is detached in the advanced stages of the disease, by the secretion from the excited mucous follicles of a more fluid and less coagulable matter, which is poured out between it and the mucous coat, and as this secretion of the mucous cryptæ becomes more and more copious, the albuminous membrane is the more fully separated, and ultimately *excreted, if the vital powers of the respiratory organs and of the system are sufficient to accomplish it.*"

"Sometimes the discharge of the false membrane gives great relief; and the patient goes on recovering with a gradual, or

even sudden amelioration of all the symptoms, though suppression of voice, more or less complete, for a considerable time after recovery, is not uncommon. In other cases, however, after a partial amendment, the symptoms return with all their former violence; the false membrane is *renewed*, or penetrates more deeply into the respiratory passages, and the little sufferer passes into the last and fatal stage of the disease. I have seen a relapse of this kind, after a discharge of a tube about two inches long."—*Wood's Practice of Medicine*, vol. i., page 819.

The foregoing is a faithful representation of this singular case and fatal disease, as it came under my own observation.

ARTICLE IV.

MEASLES A SECOND TIME IN THE SAME PATIENTS.

BY D. W. YOUNG, M. D., OF AURORA, ILL.

Prof. W. H. Byford, M. D.,

Dear Sir,—We are having quite an extensive epidemic of measles in this city, at this time. They are mostly of a mild type, and quite amenable to treatment. In some of the cases, however, we have more or less pneumonic complications. I believe our cases, thus far, have all recovered, at least, I have heard of no deaths since the commencement of the epidemic.

The principal point of interest in these cases is the large number of persons that are having measles for the second time. I have often treated patients, sick with measles, who have declared that they had had measles before. Usually I have been unacquainted with their previous histories, and consequently paid but little attention to their statements. During the present epidemic I have had an opportunity of investigating this point more closely. I have myself met four cases during this epidemic, in persons that I know had had the measles before. Three of these patients I had attended when sick with measles, in the later part of December, 1853; the other one in February, 1854. Two of the patients had them severely the first time, and all of them very distinctly. The two patients that had them the worst the first

time, are under treatment at the present time, and are having them comparatively light; while one of those who had them light before, has had them very severely this time. The eruption in all these cases, in both attacks, has been free, distinct and unmistakeable.

My friend and former partner, A. Hard, M. D., of this city, also informs me that he has met with quite a number of cases in persons who had had them before. One in his own family, a little daughter, who had them in 1854, and was then very sick, and came near dying with them, as I can testify, as I treated her in the earlier part of her attack myself, while her father was absent from the city. In her first attack, she had unusually severe pneumonic complications; so much so, that her father, who is one of *veratrum viride* eulogizers, represented her case in connection with several others, to the *Iowa Medical and Surgical Journal*, on the use of veratrum viride. She has had measles again severely and distinctly within a few days.

Another case that Dr. Hard reports is that of Rev. Mr. Bull, a very intelligent Congregational clergyman of this city, whom the Doctor treated a short time, while sick with measles. Mr. Bull declared that he had the measles while residing at the east, and after his recovery wrote to his mother, and among other things informed her that he was just recovering from a severe attack of measles. The old mother very affectionately informed him, by return of mail, that there must be some mistake; that he had the measles severely several years ago, and that she should doubt the qualifications of his western physician.

The Doctor, as well as several of our other physicians, report quite a number of other cases where the testimony is quite as clear as in the above cases. In conclusion, my opinion is that measles occur a second time in the same person, much oftener than our authorities and lecturers admit.

AURORA, JUNE 12, 1858.

ARTICLE V.

MEDICAL EDUCATION.

BY J. H. BROWN, M. D., LAWRENCEBURGH, INDIANA.

The subject of your circular has for many years, indeed, from the commencement of my professional life, engaged my earnest attention. I have watched, with growing interest, the movement abroad in the profession, looking to the consummation, so devoutly to be wished, when medical education should be placed, at least, in some degree, on a basis approaching the systems of general intellectual instruction now universally adopted, and in comparison with which, the hasty and superficial course of study now sanctioned by all our medical schools is absurd, unreasonable and suicidal to the honor and dignity of the medical profession; and if the time is ever to arrive, when, as of old, the *Doctor* (heaven save the mark!) is to become, as his name legitimately implies, the *doctus vir*, it must be by just such plain, outspoken efforts as (I am glad to see) you and your confreres are now making. I once had occasion, upon a festive reunion of professional brethren, to combat and refute the bold assertion, that the present profession were "si non doctiores, meliore imbuti doctrina:" a grosser absurdity was never uttered, and could only be excused on the ground, that, by the present authorized system of medical instruction, young men were everywhere admitted to the honors (?) of the profession, who could not possibly by it be learned, and scarcely technical. The legitimate practical result, to the profession, as such, leaving out of the question the sad results of incompetency and assumption, has been a gradual and steady decadence in the general estimation of the profession, and an increasing distrust among enlightened men, as to the certainty and truthfulness of the science. The insane desire to multiply medical schools all over the land, the "*cacoethes docendi*," which has so sorely smitten many of our brethren, who had, as Cowper says, skulls "that would not learn and could not teach," and the low estimate of professional excellence among ourselves, have done much to bring about this result; and we seem now to have

reached the point, when, either a more rigid and common sense mode of preparation must be carried out, or we must be content to yield the ground to empiricism and imposture.

Upon a careful examination of the plan you propose, I am constrained to give it my hearty approval; and I do not know that I can add anything to its details. The separation of the elementary from the practical department of a course of lectures, is a vital point, indeed, the true point at issue. I have never been a public teacher, but you and your associates must have felt the absurdity of the position, when, in a short four months' course, you were compelled, by the exigencies of your requirements, to compress into your course the instruction suited to several grades of advancement, and by your vain efforts to *go over*, as the phrase is, all the topics necessary to be embraced in your course, what, in truth, is it but a "rudis, indigestaque moles?" The advanced student is restive, listless and impatient, under the infliction of what he has already mastered, as first principles; while, to the neophyte, practical and ultimate teaching is about as profitable and sensible as to clothe an infant with the toga virilis. To tell you the honest truth, my dear Doctor, I do not envy you your position, and one great reason why I have not aspired to so honorable a station has been, that I do not believe any man can do himself justice and acquit his conscience, in the present senseless arrangement of professorial requirement.

I am of opinion that the proposed plan, if properly carried out, would not only, as you say, not *necessarily* increase the number of professors required, but would in reality require a less number to accomplish a much greater result, and thus lessen, instead of increasing the expenses of the student, although this reason, *politic* as it may be, ought not to have an undue weight. I would not increase the temptations to young men to crowd our college halls, by holding out the idea of cheap instruction, but rather seek to aid the efficiency and success of the teacher, by allowing him the power, by methodical and inductive modes of instruction, to elevate the standard of professional requirement, and do himself and his subject justice.

If I shall have it in my power to attend the U. S. Association

in May (which I fear is not very certain), it will give me great pleasure to be a co-worker in this good enterprise. From the stand point I now occupy of forty years' professional life, I may be permitted to have seen and realized the mischief and tendencies of our lamentably deficient system of public teaching, and sincerely hope that in the good and honest hands into which the subject has now fallen, it may arise renewed, regenerated and disenthralled, and assume a position of public respect and confidence, commensurate with its dignity and importance.

ARTICLE VI.

CASE OF PERITONÆAL INFLAMMATION.

BY W. C. HAINES, M. D., OF HICKS MILLS, ILL.

EDS. CHICAGO MEDICAL JOURNAL,—In the April number of your journal, over the signature of "B.," I found some excellent and truthful remarks in relation to the duties which the members of the medical profession owe to each other, in communicating their experience to the medical journals of the day. The subject certainly is a very important one, and which should meet with a hearty response from the profession generally, and every member should feel himself individually called upon to aid and cooperate in effecting so desirable an object. There is accumulating all over the country a vast amount of valuable and important information, which, if it could be brought to light, might be easily made available, through the medium of a medical journal, for some useful purpose. If every reader of the Chicago Journal would send to its editors a condensed report of the most important and interesting cases occurring in his practice during the year, or previous years, as well as all items of important information which he may be in possession of, and indeed anything that could in any way be of service to the profession, it would not be long before there would accumulate a mass of material which no estimate could be put upon its value. It is to this end that a medical journal proves such a valuable auxiliary. "B.," in his remarks, calls on the profession to write! write! I

have done so, and you can put it into type or into the fire as you think best. A report of one case must, however, suffice for the present time, yet more anon.

On the morning of the 16th May, 1856, a messenger came for me to go and see Mrs. M., who was dangerously sick and not expected to live. Not being at home, I did not see her till near night; on my arrival, I found her, to all appearance, in a sinking condition, not able to converse above a whisper; pulse very feeble; skin hot and dry, with a dry, red tongue; abdomen much enlarged, hot and tender. Had been sick a number of days. A physician had been in attendance, treating her for an ovarian tumor. From the history I obtained from my patient's friends, I had my doubts as to the correctness of his diagnosis. I gave my opinion that her disease was peritonæal inflammation, and prescribed accordingly, giving my patient full doses of opium every three hours, and frequent application of cold water to abdomen. No other remedies were used. She made a quick recovery, being quite free from all ovarian disease. Since that time my patient's abdomen increased in size somewhat, yet time and nature were competent to effect a cure. Among the various remedies recommended for the treatment of peritonæal inflammation, there are none that has established a confidence in my mind equal to opium given in full doses.

ARTICLE VII.

INHALATION OF NITRATE OF SILVER.

BY W. H. STUDLY, M. D., ROCHESTER, ILL.

I have noticed in several of the medical journals, from time to time, descriptions of more or less intricate instruments, contrived for the purpose of introducing nitrate of silver, in the powdered state, into the trachea and bronchial tubes. I have never seen any of these instruments, but I have thought them from the first, at least, unnecessary; inasmuch, as I have a far more simple, and I think fully as efficacious way, and at the same time unattended with the danger which I can fancy the instru-

ment may be accompanied with. It strikes me that the grinding wheel of the caustic pulverizer may sometimes throw off a particle of considerable size from that very brittle pencil of nitrate of silver—of a size, at least, too large to enter the air passages of the lungs.

Then, again, it is not always desirable that the caustic should be introduced with full strength. Even Green, the great probanger, seldom uses a solution stronger than a drachm to the fluid ounce; and whenever caustic is used as an application to the other mucous surfaces, we are constantly varying the strength. Why is not the same liberty desirable in its application to the air passages?

My plan is this: I pulverize the nitrate of silver in a moderately heated wedgewood mortar, to an impalpable powder; I then triturate it with sugar of milk according to the strength which I desire—generally mixing them in the proportion of one part of the caustic to two of sugar of milk. This powder I put into a glass-stoppered jar of the pint or quart size, being careful to have the jar thoroughly dry by heating it. I place in the patient's mouth a glass or tin tube, one inch in diameter, and some eight or ten inches in length. Giving the jar a good shake and pulling out the stopper, I tell the patient to plunge the tube into the mouth of the jar and inhale. The cloud of powder which was seen floating in the jar, passes into and sprinkles the air passages thoroughly. From one to three inhalations at a time is sufficient, and about twice or thrice a week. The powder can be kept in good condition for about a month, the main trouble being the heating the jar every time you wish to use it, in order to drive off whatever atmospheric moisture may have collected. In all instances where it is desirable to go below the epiglottis with this remedy, I know of no way more efficacious than this, and being simple it is within the reach of all.

ARTICLE VIII.

WHAT ARE THE CAUSES WHICH HAVE BROUGHT ABOUT A CHANGE IN THE GENERAL TREATMENT OF OUR DISEASES, FROM THE DEPLETIVE TO A TONIC AND STIMULATING?

(Read to the Esculapian Society, May 27th, 1858.

BY J. M. HINKLE, M. D.

I feel myself incompetent to do justice to this subject, and heartily wish that this society had appointed one of our older members to report upon it; one who has seen and observed practice for the last thirty or forty years; such an one, certainly, would have been able to throw more light upon this doubtful subject than I can possibly do. I look on it as a subject of much practical interest to the profession, although it has as yet received but comparatively little consideration. That there exists a necessity for this change in the treatment of our diseases, is a fact which is now generally acknowledged by the profession; that such a change has taken place, is a truth cognizant to every one. But what are the circumstances which have brought about this change is the question.

In setting forth my views on this subject, my opinions may not corroborate and verify the observation of those of you who have witnessed all the causes and circumstances which have brought about this great revolution in medicine; but I offer them as my own conclusions, deduced from all the information which I have been able to gather on this subject, and if I shall only succeed in drawing out the opinions of the members of the society on this subject, I shall not entirely fail of my object.

Before entering into a discussion of the causes which have exerted an influence in bringing about the present prevalent mode of treatment, it may be well briefly to allude to some of the causes which brought the depletive plan of treatment into such general vogue in this country.

There has ever been a disposition in our profession to fall in with the doctrines and theories of some great leading spirit, who, for a time, moulds and gives shape and character to the profession, and who in a great measure dictates and controls the remedial measures used. We find abundant evidence of the

truth of this in reading the history of medicine. The oracular teachings which emanated from the temple of Esculapias, and which were afterwards matured and arranged into a system by Hippocrates and his sons, constituted for a long time the most perfect system of medicine known; but these, after a time, were obliged to yield to the invasions of the empirics and methodics, until Galen, by his great powers, wrested medicine from their hands, and revived the old Hippocratic doctrines, and such was his influence over the realms of medicine, that he held undisputed sway for more than twelve centuries; but his doctrines were at length forced to retire before the wild theories of the enthusiastic Paracelsus, who proclaimed to the world that he had discovered a universal panacea, by which immortality might be secured, but who himself died at the age of forty-eight years. Then followed the chemical and humeral doctrine of lentor and thinness of blood, of fermentation, acidity, alkalescency, etc., supported by all the learning, sagacity, and eloquence of the mighty Boerhaave and the renowned Sydenham; but these had in their turn to fall before the spasm and plausible theories of the cautious Cullen, the poetic but ill-authorized notions of Darwin, and the bold and dashing fancies of Brown. This singular genius, Brown, grounded his pathology on the principle that excitability is accumulated during rest and exhausted by exertion, and perpetually renewed for the demands of the system by food and sleep; that health, predisposition and disease depend upon the various relations and proportions of this principle, acted upon by stimulus; that the living state of the body is a forced one, and produced by the action of exciting powers on the excitability. He made all diseases to form but two great classes, those of debility and those of excess of excitement, ninety-seven out of a hundred being of the former class; consequently, the plan of treatment adopted was a tonic and stimulating one. It was during the prevalence of this doctrine that the great apostle of medicine in America, the celebrated Dr. Rush, was receiving his medical education in Edinburgh, and he imbibed to a very considerable extent the doctrines of the Brunonian theory, and by them was influenced in his practice up till 1793, when there broke out in

Philadelphia an epidemic which would not yield to the practised theories of his education. He at once discarded his old notions of pathology, and adopted a depletive plan of treatment, which was attended with marked success. He retained Brown's principle of solidism and excitability, but erased debility from the category of disease. Debility with him was not disease, but only a predisposing cause. He ascribed disease to a morbid action in the living solids, superinduced by the undue application of the exciting powers to the living system. All diseases with him were sthenic or excitement, and the various genera and species of nosologists were merely so many forms of the same disease, for disease with him was a unity; consequently, his therapeutical measures were as simple as his pathology. He contended that after the removal of the exciting causes, to equalize excitement on plans strictly conformable to the state and condition of the system, constituted the most effectual mode of cure; hence the agents used were limited, consisting chiefly of depletives, evacuants and revulsives. Such are some of the sweeping generalities of the revered and renowned Dr. Rush—he who first gave nationality to American medicine, and whose name is indelibly written both in the scientific and political history of our country.

Is it any wonder that doctrines so simple in their nature, so easily comprehended, and yet so plausible, advocated and promulgated by one who had justly acquired the most brilliant reputation of his country, and that too just at the time we were taking our national existence; I repeat it, *is it any wonder* that the great body of American physicians should have adopted the theories and practice of their great master? more especially as there prevailed at that time a sthenic constitution, which strongly verified the popular theory, and lent a powerful influence in establishing the depletive practice.

The enthusiastic young physician, filled with idea of the unity of disease, that all the morbid conditions of the system consisted in an excess of excitement, and inspired with all that confidence in his own opinions, and in the certainty of medicine, which was peculiar to *Rush*, embarked in the field of practice, armed with his "lancet and his ten and ten," indiscriminately depleted every

case he met, it mattered but little what the indications were. The consequences of such an exclusive plan of treatment were injurious and derogatory to the profession, for our diseases gradually assumed a more asthenic character, but this change was not at first accompanied by a corresponding change in treatment, but the depletive plan was continued with unabated energy. The consequence was that these abuses opened wide the field for quackery; the most ignorant and presumptuous quacks took advantage of them, and built for themselves an ephemeral reputation upon the excesses into which the regular profession had run; and I verily believe, could they have had science to back them, they would have established upon a more permanent basis; but they were men devoid both of principles and the rudiments of an education, they had no knowledge whatever of the organization of the system upon which they practiced, and their system too was exclusive and in many things absurd; consequently, they committed the most gross and culpable errors, and soon deservedly fell into disrepute. Yet these short-lived quacks, whose influence at one time threatened to overrun the whole country, were not without their benefit to the regular profession. They caused the profession to think, and to observe more caution in the use of the remedies dictated by their old and preconceived notions, and in this way to materially modify both their theory and practice.

The present advanced condition of our pathological knowledge has contributed a considerable influence in bringing about the change under consideration. In the beginning of the present century, pathology was almost entirely conjectural; the means afforded for gaining a correct pathological knowledge were limited; chemistry had as yet thrown but little light upon this subject—it had not made known the elementary constituents and definite proportions of the blood and other vital fluids, nor had the microscope poured forth its revelations of minute and elementary structure, or shed its flood of light upon the changes which take place in pathological lesion.

The science of physical signs as yet had contributed no influence in solving the problem of disease. Many of our most valuable remedies were unknown to the profession. By the

aid of all these, pathology has been developed and is still developing into a science. Many diseases, the pathology of which a few years ago were entirely conjectural, are now known and understood by the profession, and the treatment directed to them is upon more rational grounds; for example, scarlatina, which, in the beginning of the present century, was treated as a high inflammatory grade of fever, but now it is known to be one of disturbed constituency of the blood, the constant tendency of which is to putrescency.

How far what is generally termed a change of disease, or of the prevailing diathesis which characterizes our period, has had to do in bringing about a corresponding change in treatment, I can hardly say; but that it has exerted a potent influence I do not doubt. I have conversed with a number of physicians on this subject, some of whom have been practising for the last thirty or forty years,—they give in almost their united testimony that for the last fifteen or twenty years there has been a tendency in all our diseases to assume a typhoid form, that mucous inflammations have prevailed rather than serous ones, that neuralgias and nervous complaints have been more common, and that hepatic and bilious complaints have been less frequent. Dr. Drake predicted many years ago that such would be the case. He grounded his opinion upon the changes in the manners, customs and habits of the people, and upon the influence which drainage and cultivation would have on our soil. But to my mind this does not sufficiently explain the problem. I cannot see that the limited change which has taken place in the manners and customs of our people, or even the partial change in our soil, could have such a general and universal effect over our whole country. Nor do I endorse the theory of Dr. Read, who incidentally said, in a paper read before us at our last meeting, that the reason why nervous diseases and diseases of debility now predominated, was, because of the continued state of excitement and high nervous development which had characterized the American people for the last quarter of a century. He said, in this time of railroads and telegraphs, of steamboat explosions and terrible conflagrations, and a thousand other circumstances calculated to fill the mind with anxiety and

emotion, the nervous system had been kept upon a continued stretch of excitement, until the American people have become completely enervated, and subject to a train of diseases which follow upon such a state of the constitution.

If such causes would bring about such an effect, then surely after the long and exciting struggle of the revolution, we would have had in America a period conspicuously marked by the asthenic character of the diseases which then prevailed, but history tells us that such was not the case; but there existed at that time an opposite state of constitution, and I know not that startling intelligence, either good or bad, conveyed on Morse's electric telegraph, would have a different effect upon the human economy from the same conveyed on our old hackney coaches.

And the masses of the people inhabiting our country live remote from these influences, and neither know nor care anything about them, consequently, they could not in any material degree be effected by them. I have not as yet found any satisfactory reason which will account for this much talked of reigning typhoid element, which enters into the composition of all our diseases. We can only say that it is epidemic influence, but what that epidemic influence is, is left in a great measure to hypothesis.

I have thus briefly hinted at some of the causes which I believe to have exerted an influence in changing the general plan of treatment adopted by the profession from the depletive to the tonic and stimulating; these causes, all acting in concert, were powerfully assisted by the results of experience. The almost unanimous testimony of the profession is, that as this change gradually took place, the increased success attending it fully justified it. Practitioners found by experience that their patients bore less and less the free use of the lancet, and required more and more the tonic and bracing treatment. In this way the change almost imperceptibly progressed, until it has amounted almost to a complete revolution in medicine. But before leaving the subject, I will speak of one other cause which I have not yet referred to; that is, the influence which the popular theories and practice of the day has in dictating

and controlling our practice, and shall also allude to the evident tendency which now exists in our profession to adopt exclusively the tonic and stimulating treatment, and shall try to call the attention of this society to the great danger which will inevitably follow upon such a course.

A witty writer has said—

> "Fashion in everything bears sovereign sway,
> And words and periwigs have each their day."

This is not only true of the passing frivolities of the day, but it is equally applicable to the weightier matters of the law and gospel, and even to a profession like ours, which should alone acknowledge the influence of stern reason, accurate research, and legitimate deduction. That fashion has very much to do in influencing our practice, is a truth which we have all felt and must acknowledge, especially in the use of one article in our materia medica, which has been introduced into popular use within the last thirty years. I refer to quinine, which, from its peculiar adaptation to the treatment of our malarious forms of disease, has become an essential part of almost every prescription, and is now almost as indiscriminately used as the lancet and calomel were forty years ago. It is now recommended in almost every form of disease which occurs in our country, from the slightest functional derangement, to the gravest form of disease; in proof of which, I only need refer you to the popular journals of the day.

That it is a valuable remedy, and that it possesses as great if not greater remedial powers over the diseases of our country than any other one remedy, I do not deny, and the experience of the profession will bear me out in this. But to make it as some almost do, the *sine qua non*, the universal remedy, before which disease, in all its hideous forms, takes flight and leaves the fertile plains of the Wabash Valley, is taking grounds which I cannot occupy. This, I admit, is a little extravagant, but we have had such a doctrine, slightly modified, advocated with ability in this society since I have been a member. Cases of prolapsus uteri have disappeared under the use of quinine, and pneumonia no longer possesses any terrors, for its most alarming

attacks can certainly be cut short in from twelve to twenty-four hours, by this all-powerful remedy.

Now I ask you gentlemen, does your experience verify this theory? have you seen such magical results from the use of quinine in such cases? I confess that I have not. And where is the practitioner of medicine in this country who has not seen and felt convinced of the often unnecessary, if not positively injurious use of this most valuable remedy; and who among us has not prescribed it in cases where his judgment has dictated to him a contrary course? But such is the irresistible influence of fashion, that we are almost involuntarily carried into this channel of popular practice.

It is time the profession were waking up on this subject, for inattention to it may prove to be dangerous.

If we have seen the evils flowing from an exclusive adherence to any of the various systems which have characterized the different periods of medical history, let us profit by such knowledge, and guard well against falling into a like error. If the extreme into which the profession run in the use of depletive remedies was made a means of bringing a reproach upon it, may we not expect a like result if we run into the opposite extreme, and I verily believe that there now exists an evident tendency in the profession to occupy that ground. If we thus incautiously permit ourselves to fall into abuses and errors, and fail to correct them, quacks will do it for us, and our noble and exalted profession will be made to suffer for faults in us which we might have prevented.

ARTICLE IX.

[TRANSLATED BY E. L. HOLMES, M. D.]

UPON THE TREATMENT OF TABES DORSALIS, BY MEANS OF UNINTERRUPTED GALVANIC CURRENTS.—BY R. REMAK.

(From the records of a meeting of the Hufeland Society, held March 26, 1858.)

Mr. Remak next offered a few suggestions regarding the origin and development of the experiments in which he had been engaged since July, 1856, in the treatment of tabes

dorsalis. The idea was derived from the knowledge of the fact, that the *continued* application of uninterrupted galvanic currents passed through the sciatic nerves of patients, who experienced symptoms of the so-called tabes dorsalis, had the effect to increase their steadiness of step, which was shown by their increased power to walk and stand with eyes closed. A decided beneficial effect was also produced upon accompanying nervous weakness of bladder and rectum. Comparative experiments upon a large number of patients, during the winter of 1856–57, showed that the good effects of the method above proposed was limited to certain degrees of development and to particular species of this multiform disease. The fact was noticed in May, 1857, and first reported in the *Deutsche Klinik* (1857, No. 50), that the interrupted application of unbroken currents operated powerfully in increasing the action of the muscles in diseases of the nervous centres, which the uninterrupted passage of unbroken currents or the use of broken currents did not produce. This discovery also (in the summer of 1857) rendered the treatment of those forms of tabes dorsalis less difficult, in which the muscles manifest an evident complication.

An episode was introduced in the history of these inquiries by the discovery, already mentioned (*Deutsche Klinik*, 1857, No. 50), but not fully investigated, according to which the stimulation of the nerves of the arm was found to exert a decided influence upon the central organ, and also to restore steadiness to the step of the patient. The use of an unbroken current has received a wider application since the autumn of 1857, in the scientific treatment of the spinal cord itself. A physiological analysis of the clinical experiments has already induced the belief that the atrophy of the spinal cord, from which the disease derives its name, in many instances, is only the result of a chronic exudative inflammation in the cellular portion of the substance of the spinal cord. This opinion was founded upon the remarkable pathologico-anatomical investigations of Rokitansky, reported to the Imperial Academy of Science of Vienna ("Hypertrophy of the Cellular Tissue in the Nervous System," from the reports of the Math. Phil. Class of

the Academy of Science, May, 1857), the subject of which has been more definitely discussed by Mr. Remak. Moreover, from a comparison of a large number of experiments upon the influence of uninterrupted currents in exudative inflammation of the cellular tissues, especially in the joints, Mr. Remak has become convinced that the "electrolytic influence" of unbroken currents, already mentioned (*Deutsche Klinik*, 1857, No. 50), so far as absorption and dilatation of the vessels are concerned, probably deserves the appellation of an antiphlogistic remedy in certain inflammatory conditions, in which the use of depletion, mercurials, iodine, etc., would be in part if not wholly contra-indicated. This opinion was supported by examples, which were also employed to illustrate the benefit of unbroken currents in surgery.

As examples of the direct influence of the unbroken currents upon probable inflammatory and infiltrated condition of the substance of the spinal cord, three cases were reported. The first was of a man, forty years of age, who had for three years suffered from a decided tabes dorsalis, complicated with militurea and paralysis of the bladder. After thirty-five applications of the galvanic currents to the legs and the cauda equina, the paralysis of the bladder during the day (but not during the night) gradually disappeared; the tormenting thirst and the increased secretion of urine were removed, and the sugar in the urine (by Fehring's test) was no longer found. The application of the current to the lower four vertebræ, where the patient experienced pain, gave him steadiness of step, and the increasing power to stand with the eyes closed. After sixty-five applications (from November 20, 1857, to February 6, 1858), the patient was dismissed in an improved state of health, with directions to return in the summer, since the paralysis of the bladder at night still remained. Two other patients with the same disease were shown to the society. The first, a shoemaker, thirty years of age, from the district of the factory physician, Dr. Neithard, was attacked in June, 1857, with a paralysis of the legs and rectum. While in an hospital, the paralysis of the legs had improved, but not that of the rectum. The use of "inductive" currents, according to the method of Duchenne

(out of the hospital), had been without benefit. The patient has been treated twenty-five times since January 31. with the galvanic currents; after the first five applications, the patient's step became firmer and the rectum in a better condition. At present, the patient is only troubled by an inaction of the right gluteal muscles, which prevent him from long retaining a sitting posture; although, in this respect, the improvement is continually progressing. The treatment of the lower portion of the spinal cord, although the patient had experienced slight pain in this region, which passed away after the first applications, exhibited the most visible effects even upon the disease of the rectum. The treatment of the muscles offered great difficulties, since, in consequence of the use of electricity, a great degree of muscular contraction was present.

In regard to the effect of "inductive" currents, Mr. Remak referred to his essay in the *Deutsche Klinik*, No. 2.

The second patient, a cooper, thirty years of age, also from the district of Dr. Neithard, was attacked in April, 1857, with a complete paralysis of the bladder, and in July of the same year of partial paralysis of both legs, which, during a residence of seven weeks in the hospital, became evidently worse, as the patient maintained, in consequence of the application of cups to the back. He was afterwards for six weeks electricised by the same physician as the first patient, with such bad success, that he was obliged to discontinue the treatment. On account of the benefit experienced by the first patient, he was placed by Dr. Neithard, on the 23d of July, under the care of Mr. Remak. Although the difficulty of walking, which the patient experienced in consequence of muscular contraction, did not correspond entirely with the symptoms of tabes dorsalis, yet the inequality of the pupils, and the unsteadiness of step on closing the eyes, left no doubt regarding the central character of the affection. After a few applications of the currents directed particularly to the spinal cord, there resulted a decided and continued improvement in the gait and especially in the paralysis of the bladder, which gave no trouble either day or night, although the stream of urine had not yet recovered its normal volume. Mr. Remak gave, in conclusion, as the result

of his experience in the so-called tabes dorsalis, that, not only in those forms of it which exhibited few or no symptoms of previous inflammation, but also in those which, according to Rokitansky, are symptomatic of myelitis centralis, the earliest application possible of the unbroken currents to the spinal cord and to the nerves and muscles affected secondarily, is a means better than all others in producing a cure, or at least a palliation. Whether atrophy of the spinal cord is always, as maintained by Rokitansky, a result of myelitis, or primary in its origin, and in this case incurable, even in its early stages, Mr. Remak is unable to decide.

RHEUMATISM.

Prof. Lebert reported the observations he had made upon rheumatism in his medical clinic, during the years 1856–57. During the past four years he has met with two fatal cases: one of acute articular rheumatism with pleuro-pericarditis, in which death occurred with cerebral symptoms, with inflammatory congestion and purulent deposit in several of the diseased joints; the brain, however, exhibited no traces of disease. The second case was also one of acute articular rheumatism, in which the inflammation of the joints had passed into the chronic form, and in which death suddenly supervened, with indications of peritonitis, caused by a "twisting" of an intestine. The duodenum was so turned upon its axis at its union with the jejunum, as to produce complete obstruction of the bowel. The tortion was caused in part by cellular bands passing between the duodenum and pancreas, probably the result of former peritonitis; immediately under this portion, the bowel was very much contracted—reduced, in fact, to nearly one-third of its original volume. In the knee-joint were all the indications of a chronic inflammation.

Rheumatism of the spinal column usually accompanied the articular affection, and in several cases as rheumathrisis of the cervical vertebræ, a disease which is often mistaken for spondylitis, but which, however, is often readily relieved by topical bloodletting and mercurial applications. A remarkable complication was observed in the case of a boy, sixteen years of age,

who had already passed through a violent attack of acute rheumatism, and was then seized with extensive periostitis in both thighs, in the course of which deep ichorous abscesses were formed, and the substance of one os femoris became so diseased, that a spontaneous fracture took place, which fully united only after the lapse of three months. The unhealthy discharge was much improved by injections of tinct. iodini. The same patient was also attacked as he was recovering from the effects of the abscess with double pleurisy, and finally with Bright's disease, and yet, in spite of all these dangerous complications, he was discharged at the close of the year 1855, much improved, the fistulous openings in the thigh still remaining.

Prof. L. employed lemon juice, and upon the whole with satisfaction, in acute rheumatism, where he had hitherto given natr. nitric (ʒii.–ʒss.), and tart. stib. (gr. i.–ii. daily in aqua ʒiv.) He has especially found it an excellent remedy in ill-defined articular rheumatism, even with large effusions into the joints. After three or four days, a gradual improvement is observed. At the end of a week, the patients are much relieved; and after a treatment of ten to seventeen days, have nearly attained a cure, which, in the course of three weeks, is complete. In some instances, a cure is much more rapid, while, in others, the remedy is inert. The heat and frequency of the pulse are very soon reduced, and the tendency to perspiration increased. The appetite returns after the abatement of the fever. Prof. L. commences with ʒiv. of the lemon juice daily, increasing the dose to ʒvi.–viii., of which a tablespoonful should be taken hourly in sweetened water. In general, this remedy is well tolerated by patients. Citric acid has also been tried by Prof. L., in doses of ʒii., iv., to ʒi. daily, but with less beneficial results; it was not so well borne as the juice. Rheumatism of a single joint was treated with greater energy in the use of antiphlogistic and derivative means; internally with iod. pot., alternate with cathartics; when the pain and swelling were in a measure reduced, the joints were painted every two or three days with tinct. iodini, frequently followed with sulphur and alkaline baths, and in obstinate cases with moxas. An energetic treatment is necessary, since a neglected

inflammation of the joints often induces incurable evils, and may possibly lead to amputation.

In cases of the so-called chronic or dry arthritis (arthritis deformans), or of chronic inflammation of the periosteum and the entire epyphisis, with marked modification in the nutrition of the bones and cartilages, the internal use of tinct. iodini (gtt. xv. ter die as largest dose) proved the best anodyne.

SPONTANEOUS MORTIFICATION, FOLLOWING OBSTRUCTION OF THE ARTERIES.

Prof. Lebert reported two cases of spontaneous mortification which had been treated at his clinic.

Case 1. A man, sixty-four years of age, was attacked with violent pain in right leg, with rapid swelling of foot and discoloration of the lower half of leg, complicated with a typhoid condition of the system. Several large phlyctæna were formed, and under the knee was an eschar (slough) one and a half inches in diameter, surrounded by a deep suppurating furrow. The foot and leg were cold, the arteria cruralis pulsated but imperfectly, while the other arteries to the touch resembled unyielding cords. Two days after, a very violent ophthalmia in the left eye supervened, in consequence of which, in less than twenty-four hours, the eye was lost, the conjunctiva being covered with pus, and the cornea macerated and opaque. The right eye then became violently inflamed, although the cornea was but slightly clouded. In a few days, the patient's strength rapidly failed; the gangrene of leg continued to extend, and the nails of the toes sloughed away. The autopsy presented the following appearances: The branches of the internal carotid contained in some places flat concentric layers adhering to the walls; in other portions the arteries were wholly closed with thrombi, which in the left were very firm and adherent; the arteries themselves were atheromatous. The aorta presented many atheromatous ulcerations, and the arteries of the lower extremities contained atheroma in various stages of development. The right crural artery, throughout its lower two-thirds, was wholly filled with soft thrombi adhering to the walls, yet easily separated from them, and extending also some ways into the tibial and peroneal arteries, which, towards their

extremities, were much reduced in volume by calcareous matter in their walls. The external layer of the arteries was inflamed, much reddened and consolidated with the neighboring parts and the indurated tissues. The crural vein, as also the veins of the leg, were filled with soft irregular thrombi. In the saphenic vein, throughout its entire length, were found pus and pseudo-membranous flakes. All the branches of the arch of the aorta were atheromatous, and in the heart itself were soft black coagula.

Case 2. A laborer, aged sixty-eight years, was attacked with violent pain in left foot, with swelling and violet discoloration; patient had suffered six years before from a similar affection, from which, however, he had recovered. Both feet at the time of his entrance into the hospital were œdematous to the ankles, especially the left, which was very cold, violet colored, and at times very painful. The discoloration gradually extended; a few phlyctæna were found, but no sloughs. The patient became more and more comatose, but still complained of pain in left foot and leg; the temperature of right foot was diminished. On the left side, in the space between the third and fifth ribs, was formed a large abscess, which, however, scarcely attracted the attention of the patient.—In the right hemisphere of the brain was discovered a recent apoplectic coagulum of the size of a walnut, the parts around which were red and infiltrated. The abscess under the left pectoralis major contained ℥iii. of ichorous pus; the second rib was carious, and near its sternal extremity fractured, where lay a purulent deposit between the two pleural layers. The cellular tissue along the course of the arteries and veins of the lower extremities was indurated and inflamed. The left femoral artery below the profunda was filled with a coagulum, which was soft and easily separated from the smooth lining membrane of the artery. The popliteal and posterior tibial arteries were also in this way partially closed, the latter being considerably reduced in diameter. The veins were for the most part filled with thrombi, which, however, were easily separated from their walls. An examination of the right thigh also revealed a similar condition of the arteries.—*All. Med. Cent. Zeitung.*

PROCEEDINGS OF MEDICAL SOCIETIES.

SEMI-ANNUAL MEETING OF THE ESCULAPIAN SOCIETY, HELD IN MARSHALL, ILLINOIS, MAY 26TH AND 27TH, 1858.

The society met, May 26th, in the office of Dr. Payne, and was called to order at 11 o'clock. The minutes of the last meeting were read by the secretary, and approved. Drs. Duncan and Mitchell were appointed to fill vacancies in the board of censors.

Drs A. K. Spears and S. C. Hoge, of Kansas, Edgar Co., were elected members of the society.

On motion, adjourned to meet in the Court House at 1 o'clock.

AFTERNOON SESSION.

The society met, as per adjournment, the president, Dr. Hamilton, in the chair.

Dr. Hoge read a thesis on Cynanche Trachealis, which was discussed by Drs. H. R. Payne, Duncan, Mitchell, McCord, Johnson and Hamilton.

Dr. Stormont read a paper on Typhoid Pneumonia. Discussed by Drs. H. R. Payne, Johnson, Mitchell, Herrick, F. R. Payne, Steele, Duncan and McCord.

Dr. Bowers reported a case of Chorea, which was discussed by several members.

Drs. Johnson, F. R. Payne and Stormont were appointed a business committee, to report to-morrow morning.

Dr. McCord's resolution, offered at the last meeting, in reference to publishing the transactions of this society, was taken up. On motion of Dr. Stormont, it was indefinitely postponed.

Adjourned to meet at 8 o'clock.

EVENING SESSION.

The society met, according to adjournment, the president in the chair.

Dr. Herrick being introduced, delivered an excellent address, to a large audience, on the Advancement of Medical Science.

On motion of Dr. Payne, the thanks of the society were tendered Dr. Herrick for his address, and a copy requested for publication.

On motion of Dr. Johnson, the society adjourned, to meet to-morrow morning, 8 o'clock.

MAY 27TH.—MORNING SESSION.

The society met, as per adjournment.

Dr. McCord read an essay on Croup, which was discussed by Drs. Hinkle, H. R. Payne, Stormont, Johnson and McCord.

Dr. Mitchell reported a case of Complicated Labor.

Dr. Hinkle read a paper on Some of the Causes which have produced a Change in Medical Practice. Discussed by Drs. Johnson, York, Davis and Hinkle.

Dr. Duncan reported a case of Neuralgia. Discussed by Drs. Hinkle, Steele, York, Mitchell and Payne.

Dr. Davis read an essay on Gonorrhea. Discussed by Drs. Hinkle, Spears, York and Johnson.

Dr. Bowers read an essay on the Sequences of Intermittent Fever. Discussed by Drs. York, Bowers, Hinkle and Gorham.

The business committee reported the following subjects, and the gentlemen whose names are opposite were appointed to write thereon for the next meeting, viz:

Effects of Malaria in Modifying Disease—Dr. Payne.
Uterine Tumors—Dr. Chambers.
Diptheritis—Dr. Davis.
Delirium Tremens—Dr. Gorham.
Epilepsy—Dr. F. R. Payne.
Milk-Sickness—Dr. McAllister.
Ophthalmia—Dr. Spears.
Menorrhagia—Dr. Mitchell.
Appearance of the Tongue as an Indication of Disease—Dr. Herrick.
Vomiting in Pregnancy—Dr. TenBroek.
Croup—Dr. Stevens.
Hemorrhoids—Dr. Hoge.
Pneumonia—Dr. VanDyke.
Chronic Cystitis—Dr. Johnson.
Dropsical Effusions—Dr. Bridges.
Typhoid Fever—Dr. Bowers.

Neuralgia—Dr. Duncan.

The Physiological and Therapeutical Effects of Chlorate of Potass—Dr. Hinkle.

Chemico-Medical Combinations—Dr. York.

Dr. S. York was appointed to deliver the next public address. On motion, adjourned to meet at 1½ o'clock.

AFTERNOON SESSION.

The society met according to adjournment, the president in the chair.

Dr. York reported a case of poisoning by tinct. stramonium.

York was selected as the place for holding the next meeting. Drs. McCord, Johnson and Gorham were appointed the committee of arrangements.

On motion of Dr. Herrick, the following resolution was adopted, viz:

Resolved, That the thanks of this society be tendered the members of the society who reside in Clark County, for their hospitality to its members during their stay in Marshall, and especially for the sumptuous supper which they furnished.

The following resolution, offered by Dr. York, was adopted, viz:

Resolved, That this society is of opinion that the longer continuance of the practice of giving public suppers is inexpedient and ought to be discontinued.

Dr. Stormont offered the following resolution, which was adopted, viz:

Resolved, That a committee of three be appointed, whose duty it shall be to devise means to secure the enactment, by our next Legislature, of a law for registering the births, deaths and marriages in this State; said committee to report at the next meeting of this society.

Drs. Stormont, F. R. Payne and T. D. Washburn were appointed.

It was ordered that a copy of these proceedings be furnished the *Chicago Medical Journal* for publication.

On motion, adjourned to meet in York the last Wednesday in October.

C. M. HAMILTON, *President.*

D. W. STORMONT, *Secretary.*

ROCK ISLAND, April 15th, 1858.

The Rock Island County Medical Society met in the City Council Room, Rock Island, on Wednesday, April 14th, 1858, the president, Dr. E. H. Bowman, in the chair.

Present, Drs. Gregg, Sharpe, Truesdale, Plummer, Cady, Hayes and Knox; also, Drs. Baker, Saunders and Shelton, of the Scott County Medical Society.

A communication from the Scott County Medical Society, inviting the Rock Island County Medical Society to attend their next meeting, to be held in Davenport, on the 27th inst., was read, and on motion, the invitation was accepted, and the communication placed on file.

Dr. Cady moved that a committee of three be appointed by the chair, to report resolutions expressing the sense of the society, in regard to the quack advertisements and patent medicine handbills now so extensively circulated, and the course of the druggists in relation thereto. The chair appointed Drs. Cady, Plummer and Knox.

Dr. P. Gregg was elected delegate to the American Medical Association, and Dr. Calvin Truesdale his alternate.

Drs. Sharpe and Plummer were elected delegates to the State Medical Society, and were authorized to appoint alternates if necessary.

Dr. J. R. Hayes read a very interesting essay on "Fever," for which the society passed a vote of thanks.

Dr. Sharpe reported a case of poisoning from oxalic acid, taken through mistake for sulphate of magnesia. Dr. Shelton reported a case of an attempt at suicide by swallowing a draught of nitric acid. Recovery followed a prompt and active course of treatment in both instances.

Drs. Gregg and Baker related several remarkable cases of recovery following penetrating wounds of the chest.

On motion, the proceedings of the society were ordered to be sent to the *Chicago Medical Journal* for publication.

Society then adjourned.

E. H. BOWMAN, *President.*

W. A. KNOX, *Secretary.*

BOOK AND PAMPHLET NOTICES.

REVIEW OF TULLY'S MATERIA MEDICA.

BY IRA HATCH, M. D., CHICAGO, ILL.

The first volume of Dr. Tully's great work on the Materia Medica is now complete and ready for sale. It is the work of a lifetime. It is the result of more than forty years of unwearied study and investigation, aided by great practical experience, by one of the first scholars of the age. No work that has ever preceded it combines so much originality, so much careful observation, and so profound research, as this work of Dr. Tully. His observations upon the *modus operandi* of medicines are worth all the work costs. The majority of the profession will undoubtedly dissent from his views at first; but the more they read and ponder, and compare their own experience and observations, the sooner they will adopt his views, to a great extent. His classification of medicines is founded upon the operative effects of each article, and its peculiarities in comparison with other articles, and also what it has in common with other articles.

This is a classification entirely new to the profession, and involving as it does the necessity of new names, will be distasteful to all those physicians who are opposed to study and investigation. A knowledge founded upon the medicinal powers, operations, or effects of remedies, is true science, and is almost the only scientific part of pure materia medica. The rejection of this sort of knowledge would reduce the department to the most complete empiricism. Every medicinal agent possesses certain specific powers, and produces certain effects or operations upon the human system. Every medicine has, also, different grades of operation. These different operations or effects, and different grades of operation or effects, are accurately defined and minutely described in the proems to his different classes of medicines. Nothing can be more indefinite and confused than the classification employed by most writers on the materia medica. Take, for instance, the class of medicines

usually called stimulants. Under this head, medicines possessing effects as diverse as can well be conceived, are grouped together under the term stimulant, with a definition so comprehensive and unlimited that it actually has no meaning at all. Those medicines which are mere irritants are almost universally called stimulant, yet nothing is more unlike than irritation and stimulation. Exhilarants are always called stimulants, while it is well known to every practitioner who has watched their effect, that many of them at least had a depressing and exhausting effect, and are dangerous in all true atonic diseases. The same may be said of many other medicines, all of which ought to have distinct definitions under an appropriate class. Such a classification necessarily required new terms. These terms are well chosen. They are all derived from the Greek language, as most of the terms heretofore used have been. Dr. Tully has strictly adhered to this rule, and rejected some terms now in use, which are formed, contrary to all rules, from Greek and Latin. The term, *antacid*, composed of *anti*, Greek, and *acida*, Latin, is one of the old terms rejected.

In his *nomenclature*, he has also made extensive alterations. These alterations, though demanded by the progress of science, will probably meet with opposition by many of the profession who are attached to old names and old associations, and by others they will be met by ridicule, as savoring too much of pedantry and technicality. But having derived his terms from natural history and chemistry in every instance, the improvements which have been made in these sciences render a change of terms necessary in materia medica, in conformity with the two sciences from which it is derived.

On this subject, I cannot do better than to let the Doctor speak for himself. After quoting extensively from the most celebrated authors on this subject both in Europe and America, he says: "I shall therefore consider myself abundantly justified in introducing into the materia medica any of the changes in nomenclature which the progress of natural history and chemistry have made necessary in those sciences, since I should esteem it as almost criminal to deprive the materia medica of any improvements which it can derive from two branches with which

it is so nearly connected, and upon which it so much depends. Chemistry and natural history are the two eyes of the materia medica.

"The nomenclature of natural history ought always to be the nomenclature of what are called the simples of the materia medica, while the nomenclature of chemistry ought always to be that of all chemical compounds, and such will be the fact in the succeeding work. From the earliest record of these several branches, such has always been the fact, and must ever continue to be the fact. But in modern times, in these departments of knowledge, it has been an objection to this community of terms, that improvements in natural history and chemistry (by which I understand the correction of errors and the addition of new facts) are constantly requiring improvements in terms, which seems to be considered an evil not to be endured in medicine. Although these objectors do not say so directly, they nevertheless seem to suppose that medicine is perfect, and ought now to remain forever unchanged and unchangeable. They would have what they call an *officinal nomenclature.*" . . . . . .

"There is always a great clamor whenever a writer changes a long employed term, or introduces a new term without disturbing an old one; and yet terms have been constantly undergoing change ever since human knowledge has been systematised and submitted to writing, and they doubtless will continue to be changed as long as knowledge continues to be progressive and is cultivated by the human race. Those who object to changes in chemical nomenclature, do not seem to be aware that they are, in fact, objecting to the progress of science; but this is actually the case. Under our present system, as I have already said, the name should exactly express the composition of the article, so that knowing the composition, may at once express the name, and knowing the name, may exactly indicate the composition.

"Now I presume that no one will presume to advocate the suspension of scientific progress in the discovery of the composition of substances, or the correction of any errors in relation to this point, into which we may have fallen, from imperfection of knowledge. But whenever we correct an error in composition,

we must correct the name also. The *chlorides of mercury* will very fully illustrate this statement."

The changes which these preparations of mercury have undergone within a few years, in name, are too familiar to need any further illustration, and the reason is also known.

Whatever may be thought of Tully's materia medica, it may be studied with more profit than any other work on medicine that has appeared for the last fifty years. Its tendency will be to excite thought and investigation; to make its readers observe more closely and more accurately, and to awaken a deeper interest in the profession. The book will be worth all it will cost, for its correction of the many errors that prevail at present; for the example it sets of right reasoning in medicine, and of accuracy and precision in the use of medical language, to say nothing of its valuable principles of practice it inculcates, not found in any other work on the materia medica.

Dr. Bronson, of New Haven, Con., says: "It is the most important work on the subject of which it treats of the present century." The publisher, Dr. Church, has received the most flattering testimonials from the leading physicians in most of the large cities of this country and from several in Europe. He has lately had an order for the work from Vienna. The profession is much more largely indebted to Dr. Tully for his discoveries in medicine than most of them are aware. He has heretofore published but little from his immense pile of manuscripts, from which he has lectured in medical colleges for thirty years. But his students have pilfered from him, and published his teachings as their own original productions, as results of their own observations and experience. Dr. Norwood, of South Carolina, was a pupil of Dr. Tully, and to him he was indebted for his knowledge of veratrum viride. Many other articles of the materia medica have found their way into the profession in a similar manner. The second volume of the work now under consideration, which will treat of the different articles of the materia medica, is not yet published. The publisher has not the means for publishing it. If the first volume should not prove remunerative, the second may never appear. This event would be much regretted by all who are aware of

the great amount of new and valuable knowledge, which would be lost to the profession.

The first volume is not so practical; it treats more of general principles; but the second volume will be wholly practical, and will contain a vast amount of valuable information which cannot be found in the books now in use.

Elements of Inorganic Chemistry, including the Applications of the Science in the Arts. By Thomas Graham, F. R. S. L. & E., late Professor of Chemistry in University College, London. Edited by Henry Watts, B. A., F. C. S., and Robt. Bridges, M. D. Second American, from the second and enlarged London edition. Complete in one volume, with two hundred and thirty-three illustrations on wood. Philadelphia: Blanchard & Lea, 1858. Pages 852. For sale by Keen & Co. of this city.

Graham's chemistry is too well and widely known to require anything more than the announcement of a new edition. This is an enlarged and improved issue of that familiarly known and deservedly popular work, brought up to the times, in a thorough and complete manner. It is now perhaps the best text book on the elements of inorganic chemistry extant, in any language or country.

Plates Illustrative of Wilson on Diseases of the Skin. Fourth Edition. Philadelphia: Blanchard & Lea, 1857.

We well remember the time when plates were thought gaudy luxuries in the study of our science, fitted only to sickly minds, and rather encouraging a mushroom growth of professional men, than as useful means of teaching. It was considered by the more favored student, that the substance instead of the shadow should be recognized as the only legitimate demonstrative means; in other words, that a man should always see every disease in hospital wards, and learn how to recognize and treat it there, before he could be trusted with the health and life of patients. A more careful consideration of the matter, however, ought to have taught the profession long ago, that plates not only served to freshen a retinal impression once experienced at the bedside, that certain external and non-fatal maladies might be demonstrated by them, almost as well as in any other way, to the saving of much valuable time.

Notwithstanding our former tardiness of appreciation of

"pictures," plates and painted ones are now regarded very properly as valuable in all departments of medical teaching. In fact, the rule now is to illustrate all our books in this way. This is right, and it would be right if we had ten windows to the soul instead of our five, to address them all; for by crowding in knowledge at every pore in the whole periphery of our being, we would not be able to imbue ourselves with all the knowledge of our profession. We believe the means, media and time are all that are requisite for us to attain to the acquisition of the whole mass of human knowledge, increasing as rapidly as it is, and there would be no danger either of our bursting or going mad, if it was all crowded in so small a space. Hence, we are glad to welcome any improvement that affords an additional medium for conveying knowledge to the mind. Among the many valuable books now being issued from the press, for the price and economy, this is the very best we know. It is a very complete set of illustrations of the diseases of the skin described in Wilson's excellent work on the subject, and should be in the hands of every private practitioner in America. Although diseases of the skin are less common in the country than in large cities, they are no less perplexing; in fact, their true character is less apt to be recognized. In this set of plates we have a key to the solution of all the cutaneous mysteries not otherwise attainable in many years of hard labor.

We have received also the Proceedings of the American Pharmaceutical Association, at the Sixth Annual Meeting, held in Philadelphia, September, 1857, with the Constitution and List of the Members. These proceedings are a worthy representation of this important branch of the science of medicine.

Also, Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from August 5th, 1857, to Feb. 3d, 1858, inclusive. This pamphlet contains many interesting items of intelligence, and evinces an active as well as capable condition of that Association.

Also, Fifteenth Annual Report of the Managers of the State

Lunatic Asylum of New York. Transmitted to the Senate, Feb. 7th, 1858. John P. Greary, M. D. is superintendent of this well established and useful institution, and in the discharge of his duties is doing honor to the profession he represents.

Prof. Alden March, of Albany, N. Y., has favored us with his production on the Intra-Capsular Fracture of the Cervix Femoris with Long Union, and an interesting case of Urinary Calculi, illustrated by engravings. In these illustrations and representations we have very strong proof of the bony union of the femoral neck within the capsular ligament. The work is characteristic by Dr. March's well known terseness, precision, and perspicuity.

NEW JOURNALS.

Oglethorpe Medical and Surgical Journal. Edited by H. L. Byrd, A. M., M. D., Professor of the Principles and Practice of Medicine in Oglethorpe Medical College, and Holmes Steele, M. D., Professor of Obstetrics and Diseases of Women and Children in Oglethorpe Medical College. Nos. 1 and 2. Published monthly, $2.00 per annum. Savannah, Georgia.

Although young in years (or rather months), this offspring of medical literature shows considerable vigor and vitality, which promises well both for longevity and labor in the good cause. We extend the right hand of fellowship to Brothers Byrd and Steele, and wish them well in this new enterprise.

The Maine Medical and Surgical Reporter. Conducted by W. R. Richardson, M. D., and R. W. Cumming, M. D., Proprietors. No. 1. Published monthly, at $3.00 a year, Portland, Maine.

Judging from the present number, we predict success in the editorial and mechanical concerns of the *Reporter*. And we hope and believe that with such intelligent management, pecuniary success will also attend the undertaking. We have placed it on our exchange list, and wish God-speed to our friends, Richardson and Cumming.

We should have noticed the change of place in the *Medical and Surgical Reporter*, formerly published at Burlington, New Jersey. Dr. S. W. Butler, the former sole, and now senior

editor, has associated with him Dr. W. B. Atkinson, of Philadelphia, and proposes issuing that able periodical at Philadelphia in future. We hope this transplanting process may add new vigor and value to the *Reporter*. The soil and climate, judging from their productions for very many years, are certainly very favorable. Dr. Atkinson will doubtless be an addition of no small importance in conducting it.

EDITORIAL.

A PLAIN TALK WITH THE READERS OF THE JOURNAL.

At the recent annual meeting of the Illinois State Medical Society, the following resolution, in relation to this Journal and its management, was unanimously adopted; and I shall make it the occasion for communicating to the patrons of the Journal a few plain but important facts.

Resolved, "That it is the sense of this Society that the CHICAGO MEDICAL JOURNAL is ably conducted, and worthy of the patronage of the profession. That the editors of said Journal be respectfully requested to enlarge their Journal, believing that it would greatly enhance its usefulness; and that each member of this Society should use his utmost efforts to increase its circulation."

The *North-Western Medical and Surgical Journal* came fully under the control of the undersigned at the commencement of its fourth volume, in January, 1855. The purpose was then announced to enlarge the Journal so soon as the receipts from subscribers would enable me to meet the expense.

But instead of finding the receipts in any degree proportioned to the number of subscribers, my first year's experience resulted as follows:

Actual cost of publishing, $100 per month,	$1200 00
Actual receipts from subscribers,	637 00
Cash *out* of my own pocket,	$563 00

And yet the list of subscribers on the books as delivered to me, and to whom the Journal was faithfully sent during the year,

was near eleven hundred. At the close of that year the subscription list was closely examined, and over two hundred names crossed out as *obsolete.*

The second year the finances of the Journal summed up as follows, viz:

Actual cost for the year 1856,	$1200 00
Actual cash receipts from subscriptions,	877 00
Cash out of my pocket,	$323 00

My third year's experience resulted more favorably, and is as follows:

Cost of publication for year 1857,	$1200 00
Cash receipts from subscribers,	1133 00
Loss,	$67 00

One-half of the present year has already passed, and with the following result:

Cost of publication, first half of 1858,	$600 00
Cash received to July 1st,	444 00
Loss,	$156 00

Thus, during the three years and a half past, the publication of the *Medical Journal* has been a pecuniary loss to me personally of $1109, and that too while the subscription list has been uniformly sufficient (had the subscribers paid) to have met all expenses, and afforded me an income of $600 or $800 per annum, as a compensation for the time and labor bestowed upon it. Such is an exact and plain statement of the pecuniary pleasures and emoluments of publishing a medical journal. When the Journal first came into my hands, its finances were in a state of perfect chaos. Almost every mail brought complaints about erroneous bills, money sent and not credited, etc., and it took nearly all of the first year to get these complaints satisfactorily adjusted. During the last two years, however, not a word of complaint has reached me from any of our subscribers. On the contrary, if compliments and assurances of approbation would pay for paper and printing, I should have had no cause for embarrassment. The subscription list has been slowly but steadily increasing, and we are now sending

out regularly every month about 1100 copies. The present number commences the last half of the current year, and yet only 160 of the 1100 subscribers have paid for this volume; and a very large number owe for one, two and three preceding volumes. Hence, there is due me from the subscribers to the *North-Western* and *Chicago Medical Journals* the aggregate sum of $5000.

And yet no *one* of them owes more than $8 or $10.

How *trifling* is the amount for each one, but how vastly important is the aggregate to me? With such an exhibit of financial matters, I might with much propriety decline acceding to the request of the State Society so far as relates to the enlargement of the Journal. For surely none of the members of that Society would ask me to furnish to the profession of the North-West more paper and ink, and pay for them out of my own private income. Notwithstanding all the discouragements, however, I have deliberately resolved upon the adoption of a new system. In compliance, not only with the request of the State Society, but with my own sense of propriety, *sixteen* pages of reading matter have been added to the present number, and the same will be continued in all succeeding numbers. This makes the Journal one-third larger than before, and adds twenty dollars to the cost of each monthly issue. In making this important change, I shall add nothing to the subscription price, leaving it as heretofore, at the low rate of *two* dollars per annum; but let all parties take notice, that, from this time onward, all subscriptions *must be paid in advance.* No new name will be entered on the mail book until the subscription price for, at least, six months, is actually paid. And all who are now in arrears must settle their accounts before the first of October next, or their names will be stricken from the list of subscribers, and their accounts placed in other hands for collection. Therefore, due notice is hereby given, that, after the 1st of October, 1858, every vestige of the *credit system* will be banished from the business affairs of the *Chicago Medical Journal.*

Concerning the editorial management of the Journal, I can only say that heretofore no pains have been spared to make it

a genuine aid to the toiling practitioner at the bedside of the sick, and an efficient agent in elevating the general standard of medical education and ethics. The same objects will still be kept predominant in its management, and with the aid of my colleague in the editorial department, Prof. Byford, I trust its future usefulness will be greatly increased.

N. S. DAVIS.

ELEVENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The following remarks were intended to accompany the report of proceedings in the June number of the Journal, but were crowded out by a surplus of matter.

In the June number of the Journal we gave a pretty full report of the proceedings of the recent annual meeting of the American Medical Association, held in Washington, D. C., compiled from the reports in the *Daily Washington Union*. The number of delegates and permanent members in attendance was large; and, *socially*, it was one of the most pleasant meetings since the organization of the association. The very generous hospitality of the local profession in the cities of Washington and Georgetown, aided by the brilliant receptions at the President's house and the residence of Senator Douglas, together with the trip on the Potomac river to Mount Vernon, combined to render the meeting one that will ever be remembered with pleasure, by those who were so fortunate as to enjoy it. We wish we could speak in the same unqualified terms of commendation concerning the business transacted, and the manner of doing it.

But a due regard for truth compels us to say, that while *socially* the meeting in Washington was one of the most pleasant we ever attended, in a business and scientific aspect it was decidedly the most barren and unprofitable. From a total ignorance of parliamentary rules on the part of the highly-esteemed and worthy presiding officer, much of the business was done in a manner so irregular and hesitating, as to mar its interest; and so much time was consumed in enforcing the ethical rules brought to bear upon the conduct of Drs. Reese of N. Y., and Bryan of Philadelphia, in relation to James

McClintock of the latter city; and in a strenuous effort to induce the association to interfere directly in the appointment of drug inspector for the city of New York,—that very little time was left for the presentation of scientific papers or the reports of committees.

The only reports read were one by Dr. J. R. Wood, from the special committee on a definite plan of instruction to be given in the medical colleges, and one by Dr. A. B. Palmer, from the standing committee on medical literature. The first contained little else than the same general propositions which were made and approved at the first organization of the association in 1847; while the latter possessed in a much greater degree the qualities of a literary essay in the *hyfalutin* style, than of a plain, candid report on the medical literature of our country. The reports from special committees were not called until the last day of the session; and when about two-thirds of those on the list had been called and disposed of, a motion was made and adopted, that the remaining reports from special committees be called, read by their titles, and referred to the committee of publication.

After the adoption of this motion, the association proceeded immediately to other business, thus leaving several committees without an opportunity of even stating whether they had prepared reports or not. And in the official record of proceedings as published in the *Medical Reporter*, over the signatures of the secretaries, both the motion itself and the committees cut off by it, are entirely omitted. And yet, during the same session, that the short space of ten minutes was denied to men who had spent much time in elaborating reports, a whole hour was devoted to a display of urinary calculi by Dr. Peter Parker, and observations concerning the different grades of Chinese treated by him when in the Celestial Empire.

Perhaps such a mode of doing business is all right, and calculated to promote the interests of the association; but if so, our sense of propriety is far from being correct.

It will aid the treasury of the association, however, by diminishing the amount of matter for the forthcoming volume of transactions. The recent meeting has satisfied us more fully

than before, that the plan for conducting the business of the association which we proposed three years since, and which was reported against by the chairman of the committee of arrangements, Dr. Z. Pitcher, at the opening of the meeting in Detroit, would greatly increase the interest of the annual meetings and the usefulness of the association.

REPORT ON THE SANITARY CONDITION OF CHICAGO, FROM JAN. 1st TO JULY 1st, 1858; ALSO SOME COMMENTS ON THE NECESSITY OF A MORE EFFICIENT ORDINANCE IN RELATION TO CERTIFICATES SPECIFYING THE CAUSE OF DEATH, BEFORE BURIAL.

BY N. S. DAVIS.

(Read to the Cook County Medical Society, July 6th, 1858.)

The winter of 1857–58, was remarkable for the mildness of its temperature, the little fall of either snow or rain, and a general exemption from severe or fatal sickness. The spring months presented no striking peculiarities, until the middle of May, when an unusual fall of rain commenced, and continued until the second week in June. The amount of rain which fell throughout the Western and North-Western States was such, as to completely inundate large tracts of country, and cause the Mississippi river and its tributaries to rise higher than at any time previous during the last half century.

When the rains ceased for a brief period, the atmosphere was almost uniformly warm and relaxing, with a prevalence of south winds. About the middle of June the rainy season ceased, and was followed by two weeks of unusually high temperature, with winds almost constantly from the south or south-west. Atmospheric electricity was abundant, as indicated by frequent and vivid flashes of lightning; and the proper atmospheric moisture was not as great as in some other seasons, when there occurred a much less fall of rain. High winds prevailed several times during the last week in May, and on the evening of the 30th it amounted to a severe tornado, almost destroying a small town in the interior of the State. These facts are here noted for future reference, rather than for any connection they may have with the sanitary condition of this city.

The local influences which would affect the health of the city have not been materially different during the last six months

from those of preceding years. The filth accumulated in the streets and alleys during the winter has not been as promptly removed, and the gutters opened, as is desirable. But the frequent and copious rains during May and the first ten days of June, kept the surface washed and the surface soil saturated with fresh water so constantly, that no immediate injurious effects could result. The general health of the city during the time embraced in this report, has been good; the average monthly mortality having been a fraction more than 132, or 793 for the six months. Compared with the five preceding years, the result is as follows:

	1853.	1854.	1855.	1856.	1857.	1858.
January,	38	112	123	110	138	117
February,	68	101	103	103	106	126
March,	81	95	123	92	124	156
April,	59	103	105	108	165	116
May,	73	147	90	134	117	139
June,	82	341	87	121	126	139
	401	899	631	668	776	793

The greater mortality in May and June, 1854, was occasioned by the epidemic cholera, which prevailed severely during that summer, and commenced as early as the last week in April.

Aside from this, the annual increase of mortality has been pretty uniform, and in strict conformity to the increase of population. So far the statistics of mortality are doubtless correct, and it would be of much interest and importance if we could state in addition the causes of death, in such a manner, as to show both the absolute and relative prevalence of all the more important forms of disease.

Unfortunately, however, the ordinance of the city, intended to compel the procurement of a certificate setting forth the cause or causes of death in all instances before burial, has been so imperfectly executed, as to be of no real value.

And the statements generally published in the daily papers each month, so far as they relate to the *causes* of death, are wholly unreliable. Thus, in the list of diseases reported for February last, we have 30 deaths attributed to "consumption,"

and one to "disease of the heart;" while in March there are no cases of consumption reported, but in their place we have "heart diseases, 43." But the most objectionable feature of these monthly reports is the employment of terms that are meaningless or entirely indefinite, such as "congestion," "teething," "dropsy," "tumor," etc., etc. To say that an individual died from *congestion*, is about as intelligible as to say that he died because he could not live any longer. Almost every month a considerable number of deaths are attributed to *teething*. Thus, in February, 8, and in June, 6, were placed under that head; and during July, August and September, the number each month is stated as high as 25 or 30. I had supposed that the growth of the teeth in infancy and childhood was a process as strictly natural as the growth of the hair or nails, and consequently that it was just as absurd to attribute death to the one as to the other. That children, during the ordinary period of dentition, are much more liable to attacks of cholera infantum, diarrhœa, dysentery, marasmus and hydrocephalus, than at any other period of life, is undoubtedly true. But to report such cases, when they terminate fatally, as deaths from *teething*, is not only absurd, but calculated to sustain, in the popular mind, the very erroneous notion that, when a child is teething, a moderate diarrhœa is harmless and should not be interrupted. That very notion causes hundreds of children to be neglected every summer until they are reduced to skeletons, and beyond any reasonable hope of recovery. It is unnecessary to state that *dropsy* is, at this time, well known to be a mere symptom of some prior affection involving one or more of the important organs of the body. Hence, we might as well place *pain*, dyspnœa, or cough, in the list of causes of death, as "dropsy." I presume no intelligent physician uses words so meaningless, in giving certificates of death. On the contrary, these terms appear in the monthly reports from the records of the city sexton by an evasion of the ordinance in relation to the procurement of certificates.

Instead of requiring those who apply for burial to procure in all cases a regular certificate from the attending physician, the undertakers frequently take the statement of the family or

friends in relation to the matter, and place it on the city sexton's record without any application to the physician whatever. This evil should be remedied without delay. The rigid enforcement of an ordinance requiring the certificate of an intelligent physician stating plainly the cause of death, before permitting a burial, is very important in two respects: First, the facts to be gathered from such certificates in relation to the prevalence and fatality of different diseases, at different seasons of the year, in connection with varying meteorological phenomena, and varying habits of different classes of people, would greatly facilitate investigations concerning the causes of disease; second, it would constitute a strong barrier in the way of committing crimes, especially poisoning, and render detection much more certain when such crime had been committed.

It is very desirable that our city authorities should see that a judicious ordinance is enacted on the subject, and that it be rigidly enforced.

There have been no diseases sufficiently prevalent in the city during the past six months to require notice, except perhaps an increased prevalence of eruptive diseases, and hooping cough. From the early part of winter to the present time, measles, scarlet fever, small-pox, and hooping cough, have been moderately prevalent; but at no one time sufficiently so to merit the name of epidemic. In the great majority of cases these diseases have been mild, both in their course and the sequela that are so prone to follow them. During the months of February and March, the cases of measles were much prone to become complicated with lobular pneumonia; while, during the latter spring months, diarrhœa and dysentery were much more frequent concomitants both of this disease and scarlet fever. I find in the list of deaths for June *four* attributed to measles. The only fatal case which came under my observation was in February, and was the result of pneumonia, in a child six or eight months old; and it is fair to presume that all the deaths reported as resulting from measles, were owing directly to either pulmonary or intestinal complications. The deaths from scarlet fever during the last six months have averaged about 15 per month. The smallest number was in February, when only 4 were re-

ported, and the largest in March, when the table presented 23. The general character of the disease was that of scarlatina simplex. Only a small proportion of the cases presented marked anginose symptoms, and a still smaller number those of a malignant character. Of the latter, four came under my own observation. They all occurred in one family, living in the northwestern part of the city. The parents were natives of Scotland, and occupied a small wooden house with a low chamber, in which they with their three children slept. The first child attacked was a girl five years of age. The commencement of the fever was sudden and severe, and was accompanied by general convulsions. An "Eclectic" physician was called, who treated the child for *worms*. On the morning of the fourth day I was called, and found the child dying.

Its neck and tonsils were swollen so as to obstruct the breathing; the tongue was dark-red and dry; lips a leaden paleness; eyes suffused; pulse threadlike and too frequent to be counted; the skin a livid or purplish color and covered with an efflorescence sufficiently characteristic to leave no doubt about the diagnosis. She ceased to live in about one hour after my visit. During the sickness of this child, a relative came and took lodgings in the same house with his wife and two children. About one week after the death of the first child, both the remaining children of the family, one a girl about seven, the other a boy two and a half years old, and the oldest child of the visiting family, a boy aged two and a half years, were all attacked nearly at the same time, and with great violence. I was immediately called to visit them, and found the two little boys vomiting frequently, with signs of great distress in the epigastric region, the glands of the neck moderately swollen; the eyes suffused; the pulse extremely rapid; skin dry and hot; breathing short and hurried, and frequent nervous twitchings. Before the end of the first twenty-four hours both these patients had repeated convulsions.

During the second day the glands of the neck became considerably more swollen; the pulse continued over 160 per minute, and in one it was full and firm, accompanied by a very red and hot skin; while in the other the pulse was smaller, skin less red

and hot, but both were very somnolent or inclined to stupor. The girl, who was attacked at the same time, presented a very different set of phenomena.

The glands of the neck were slightly swollen; the face was pale; prolabia leaden color; extremities cool; and her mind and brain so free from disturbance that a bystander would suppose she was not seriously sick. She was, however, very restless, occasionally inclined to vomit; the heart's action frequent but feeble; the pulse scarcely perceptible at the wrist; and the whole capillary circulation very feeble.

During the latter part of the day the eruption began to make its appearance, and on the morning of the third day it was well developed over the whole surface in each case. There was no abatement of the symptoms, however, and the two boys died almost simultaneously on the morning of the fourth day, and the girl on the evening of the same.

The treatment pursued in these three cases was quite diverse. In the girl, the functions of the circulating system were so depressed from the beginning, that stimulants, quinine, and chorate of potassa, were the principal remedies.

One of the boys presented so high a grade of feeble action, with a full pulse, and active cerebral symptoms, that with the advice of a medical friend I pursued an anti-phlogistic course, consisting of leeching the temples, cold applications to the head, alteratives and laxatives; while in the other boy the treatment was expectant; the most active remedy used being small doses of belladonna.

Yet the result was the same in all; and probably from the same cause, namely, the direct action of the fever poison upon the blood and the great centres of the ganglionic nervous system. Although small-pox and hooping cough have both been more prevalent than usual, especially during the months of May and June, yet the cases that have come under my care have presented no peculiarities worthy of record. As before stated, during the last half of June, the weather was continuously hot and oppressive with a prevalence of south and south-west winds.

During this time three deaths were reported from *sun-stroke*, and four or five cases of violent cholera morbus, accompanied

by cramps in the muscles of the extremities, rice-water discharges, and many phenomena identical with epidemic cholera. But I am not aware that any of the cases proved fatal; and during the last few days, all intestinal disturbances have showed a tendency to dysentery. So far as an opinion can be formed from the characteristics of the season embraced in this report, I should predict a considerable prevalence of dysentery during the summer, and accompanied by remittent fever in the autumn.

UNIVERSITY OF LOUISVILLE.

The faculty of the above institution has undergone a complete metamorphosis, and is constituted at present of the following able corps of teachers: Lunsford P. Yandell, M. D., professor of physiology and pathological anatomy; Benjamin R. Palmer, M. D., professor of the principles and practice of surgery; J. Lawrence Smith, M. D., professor of medical chemistry and toxicology; Robert J. Breckinridge, M.D., professor of materia medica and therapeutics; Joshua B. Flint, M. D., professor of clinical surgery; Theodore S. Bell, M. D., professor of the theory and practice of medicine; Llewellyn Powell, M.D., professor of obstetric medicine; J. W. Benson, M. D., professor of descriptive and surgical anatomy; S. M. Bemiss, M. D., professor of clinical medicine; Archie B. Cook, M.D., demonstrator of anatomy.

Dr. J. W. Benson, former professor of surgery in the Oglethorpe Medical College, Georgia, has resided here for the last three-quarters of a year. We wish him success in his new home and position. B.

A MISTAKE.

The *New Orleans Medical News and Hospital Gazette* says: "The *Peninsular Journal* and the *Medical Independent* have been merged in one, under the title of the CHICAGO MEDICAL JOURNAL." The product of the above union is the *Peninsular and Independent Medical Journal.* It is published at Detroit, Mich., and could not with any propriety be called by our name. B.

We would call attention to our advertising sheet as affording matter of much interest. If Prof. Eberle should wake up—although he has slept but for a few years, and was one of the most erudite physicians of his age—we doubt whether he would be able to write a prescription that would suit the present state of pharmacy. We were in at J. H. Reed & Co., 144 & 146 Lake street, the other day, when we witnessed with delight the results of pharmaceutical achievements, in the great variety of pharmaceutical granules and dragees (sugar-coated pills) of Garnier, Lamoureux & Co. of so delicate a character and delicious taste, as to put to shame all the sweet nonsense of homœopathy even for the palate.

These granules and dragees are medicines brought down in bulk to the most highly-concentrated forms, and enveloped in a coating of sugar. It will be seen, therefore, that they are entirely reliable, while they are divested of all offensiveness, two great desiderata.

The excellent syrups, concentrated fluid extracts, resinoids and alkaloids kept by Gale Brothers, 202 Randolph street, Sargent & Ilsley, 140 Lake street, are also preparations to which we would call attention as reliable and trustworthy. These established and faithful business houses may all be confided in by any persons interested in this line of business. In speaking of syrups, we do not mean to endorse any compound that is not officinal and well understood by the profession generally. We think no physician who holds his reputation as of much value, will long delay at least a trial of these (as we consider) improved forms of materia medica. As will be seen, they advertise a good assortment of instruments always on hand. Reed & Co. also advertise the prices for which they may be forwarded to physicians, by their merely sending the money with specific orders as to the kind desired. B.

LONDON LANCET.

We see by advertisement on the cover of the *Lancet*, that twelve lectures delivered in London by the distinguished physiologist, Dr. Brown-Sequard, will be published in that periodical.

The subjects treated of are very interesting, and of course will be ably managed by the author. Now is the time to subscribe for the *Lancet*, that you may secure these excellent effusions of genius. The subscription price is only five dollars, and one number is worth the money very often.

New subscribers may begin with the beginning of the present volume. The first number is issued in July.

Address James Herald, proprietor of *London Lancet*, 14 Ann street, New York.

Stringer & Townsend having dissolved partnership, are no longer the publishers. B.

"To our exchanges we must say, those out west, as at Columbus, Ohio and St. Louis, which have a way of copying from the *Monthly* without credit, are requested to be more careful." —*American Medical Monthly.*

To our exchanges *we* must say, that those in Gotham, as the *American Medical Monthly*, which has a way of copying our translations without credit, should be more careful in future. B.

PROFESSORSHIPS.

Prof. S. H. Dickson, of Charleston, S. C., has been called to the chair of theory and practice of medicine, made vacant by the death of the venerable J. K. Mitchel, M. D. Prof. Dickson will no doubt sustain the dignified position of that place.

P. C. Gaillard, M. D., of Charleston, was elected to fill the chair of institutes and practice in the Med. College of the State of South Carolina, made vacant by the resignation of Professor Dickson. J. J. Chisholm, M. D., of Charleston, was elected at the same time and place to fill the chair of surgery, resigned by Prof. Goddings of that institution. B.

Dr. B. L. Jones, of Georgia, is chosen to fill the chair of chemistry in Oglethorpe Medical College, and Dr. E. F. Colzey has taken the chair of physiology in that college. Both of these men are untried as professors, but represented as of superior qualifications, and will undoubtedly be a credit to their newly-assumed offices. B.

ILLINOIS STATE MEDICAL SOCIETY.

The treasurer of this society informed us a few days since, that the funds received for annual assessment, at the meeting recently held in Rockford, were barely sufficient to pay up the indebtedness of last year, leaving nothing to pay for publishing the Transactions of the present year.

Circulars have been sent to all the members informing them of the amount of assessment, and if they wish to have the Transactions published in proper time, they should send the amount ($3) to the treasurer, Dr. J. W. Freer, of Chicago, without delay.

BILLS.

With this number we send bills to part of our subscribers, and shall send to the rest next month. All the bills are made to include the present volume, ending with December, 1858. If any discover errors in their accounts as presented, we shall be most happy to correct them on being informed of the facts. Meantime, let all read the statement in relation to the *Journal* in another column and act accordingly.

CORRECTION.

The *Report on the Sanitary Condition of this City* was prepared for the meeting of the Medical Society, at which it purports to have been read. But professional engagements detaining the writer from the meeting, it was not presented. It being intended as the beginning of a monthly series for the remainder of the year, we publish it without waiting for another meeting of the Society.

TO PHYSICIANS AND DRUGGISTS.

I very respectfully call your attention, and it affords me great pleasure of informing you, that I have been in the

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Chicago, July, 1858. CUPPER AND LEECHER.

MEDICAL COLLEGE OF OHIO

CINCINNATI.

SESSIONS OF 1858-1859.

THE THIRTY-NINTH ANNUAL COURSE OF LECTURES, IN THIS Institution, will commence on the 15th of October, and continue until the last of February.

FACULTY.

L. M. LAWSON, M.D., *Prof. of the Theory and Practice of Med. and Clin. Med.*
JESSE P. JUDKINS, M.D., *Prof. of Anatomy.*
GEORGE C. BLACKMAN, M.D., *Prof. of Surgery and Clinical Surgery.*
GEORGE MENDENHALL, M.D., *Prof. of Obst. and Dis. of Women and Child.*
JAMES GRAHAM, M.D., *Prof. of Materia Medica and Therapeutics.*
C. G. COMEGYS, M.D., *Prof. of the Institutes of Medicine.*
H. E. FOOTE, M.D., *Prof. of Chemistry.*
THOMAS WOOD, M.D., *Prof. of Microscopic and Surgical Anatomy.*
JOHN A. MURPHY, M.D., *Adjunct Prof. of Pract. of Med. and Clinical Medic.*
B. F. RICHARDSON, M.D., *Adjunct Prof. of Obstetrics, etc.*
WM. CLENDENIN, M.D., *Demonstrator of Anatomy.*

CLINICAL INSTRUCTION.

The Faculty are determined to devote much time and attention to Clinical instruction. The patients of the Commercial Hospital and City Dispensary (which are under the exclusive control of the Medical College of Ohio), will be examined, prescribed for, or operated upon *daily* in presence of the class. Opportunity for witnessing cases and operations at St. John's Hotel for Invalids will also be presented.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be abundant.

FEES.

Professor's Tickets,	$80 00
Dissecting Ticket,	6 00
Hospital Ticket,	10 00
Graduation Fee,	25 00

At the close of the Session, the Faculty will elect from the class seven House Physicians, to reside in the Hospitals and Dispensary for one year.

For further information, call at the College on Sixth street, between Vine and Race; or address the Dean.

L. M. LAWSON, M.D., Dean,
159 Race Street.

GEO. MENDENHALL, M.D., Registrar,
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Chicago, July, 1858.

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WOULD ANNOUNCE THAT HE WILL RECEIVE A LIMITED NUMber of Young Men for a Course of Medical Instruction during the present year, commencing about the 1st of March.

THE COURSE WILL CONSIST—

First—Dissections and Demonstrations in the Dissecting Room of the College during the months of March and April.

Second—Clinical Instruction in the Surgical Wards of the Mercy Hospital.

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The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

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"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

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Chelonin,	Chelone Glabra,	1 25
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Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
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Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
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ARTICLE I.

PHYSIOLOGY, PATHOLOGY AND THERAPEUTICS OF MUSCULAR EXERCISE.

(Read before Cook Co. Medical Society, and published at their request.)

BY W. H. BYFORD, M. D.

PHYSIOLOGY.

Phenomena.—When an individual exercises actively to the extent of producing perceptible effects, there are a glow of redness on the surface, an increase of temperature, perspiration and respiration. These circumstances are apparent to the observation of the most careless observer. Upon closer scrutiny into the manifestations of muscular exercise, we find the heart and arteries beating rapidly and several of the secretions increased in quantity, and their peculiar products enhanced to a considerable extent. The urinary secretion, the secretion of the liver, skin and the pulmonary excretion, are all carried on more actively than in a state of repose, while the secretion and excretion of the alimentary mucous membrane are diminished. I speak now of an amount of exercise that produces quite obvious phenomena. I am inclined to the opinion, however,

that moderate and prolonged exercise increases all the excretions beyond what they are in protracted repose. These are the more obvious phenomena of exercise. The interesting question now arises, how are they produced? What are the intimate circumstances transpiring during the exhibitions mentioned? Voluntary motion of the muscular organs is preceded by innervation, the production and transmission of the power of the will, and the contraction of the muscular fibrilla. Every functional action of whatever kind occur as the effect of cell change. This proposition is true in relation to the production of the power of volition in the brain and the contractions of the muscular fibrilla, as well as the secretory processes. Each time the nervous or mental action is effected, cells receive from the cerebral tissue and impart to it certain elaborate and effete material; the latter derived from the disintegration of the nervous or cerebral mass, and the former to be used for its repair. So also the muscular tissue at each contraction receives through the medium of cell action or change, material from the blood intended for the repair of the damage sustained during contraction, and throws into the circulating fluid through the same agency the effete substance lost in its disintegration. We may state it as a correct proposition, that one of the necessary conditions of action in an organ is organic destruction or disintegration and repair. The disintegration occurring simultaneous to and most likely being the result of action in each particular instance, and the repair a necessary prerequisite to future action, the organ in this way would constantly retain its integrity of structure, notwithstanding ever-recurring change, as the effect of action. Chemical or vital affinities, or both, between the changing tissues and the constituents of the blood, effects this interchange of substances as rapidly as the acting organs are called upon to perform their functions. This principle, it will be seen, precludes the probability of organic change being left behind as the result of action while the organ remains capable of its duties, and teaches the doctrine that so soon as the play of affinities from any cause is so weakened, or rendered impracticable from want of nervous stimulus or blood products, that

repair is not perfect, the function will be imperfectly discharged, or entirely cease. Any disease of the nervous system that disturbs its presiding capacities, as in fevers, severe shocks, pressure upon the brain, etc., thus incapacitates a certain portion or the whole of the system, owing to the extent and gravity of the nervous lesion for functional action. The reciprocal affinities in this case are lost for want of nervous agency. If the nervous system be but slightly affected, the affinities are merely more tardy; if gravely, they are entirely suspended. Thus, the blood and muscle may both possess all of their own special chemical and vital properties, and yet not be capable of acting and reacting upon each other, then the muscular contraction must cease.

You will recognize in this statement of conditions the pathology of paralysis from cerebral congestion, pressure from effusion, or pressure or inflammation on or in a large nervous trunk. Another source of functional tardiness and even suppression, is the want of the proper material to sustain the organs in a state of integrity under functional action. If the blood is prevented from elaborating the various materials which go to form nerve and muscle, from the presence of some poison as carbon, urea, bile, etc., the functions are performed imperfectly, and if carried to a great degree of contamination, the blood is entirely incapable of supporting functional action, and these all cease. If also from want of nutrition, the blood does not receive the substances from which muscle, nerve or other organic elements may be produced, these last will not be elaborated, and hence the chemical affinities resulting from their presence could not take place, the muscle cannot act with energy, if at all, the nervous functions are performed irregularly and imperfectly, the secretions are scanty and unhealthy, because the material out of which the repair after functional changes in the organ is not supplied, and all succeeding efforts become more and more imperfect until they cease entirely. This is the condition of things in anemia, and it accounts for the tardiness of the bowels, the imperfect secretion of the liver and other intestinal organs, the whole phenomena in fact of that state of the circulating mass. This play of affinities be-

tween the circulating blood in the capillary bloodvessels and the changing tissue, the fibrilla of the muscles and the nervous structures, engaged in muscular exercise, is the starting point, I think, and a sufficient basis upon which we can found a rational and I hope not unprofitable explanation of all the phenomena observed.

In the composition of the blood are contained all of the separate ingredients of all the tissues in the body either elaborated, so as to immediately enter into the composition of these tissues while passing them in the capillary tubes, or to be readily and easily changed by the chemical or vital affinities, or both, of the organs to which they are appropriated. These ingredients must possess distinctive differences to a certain extent at least, so that we may say with great propriety, that in the blood are contained muscular fibre, nerve fibre, bile, urine, bone, and so on to all the products of functional action and nutrition, either ready formed, only awaiting separation, or formed, requiring elaborating mutation by means of cell action, to be appropriated as needed, for the formation or repair of structures. Another proposition forces itself upon our mind in this connection as necessarily true, viz: that these ingredients must exist to a limited extent of quantity only and something of definite proportions to the probable wants of the various organs used, owing to the habits to some extent of the individual. The man, for instance, whose muscle is called into action to a greater extent than any other system of organs, will require more food from which muscle tissue may be formed, and his chyliferous and sanguiferous peculiarities will be that of muscular elaboration, those organs will become large and be kept in a state of perfect nutrition, at the expense perhaps of the brain. Individuals, on the other hand, whose functions are mental exclusively, will have an abundance of neurine in the blood ready for use, while the muscle cannot be nourished to such an extent as to admit of more than very moderate muscular exercise. We often have examples of partial impoverishment of the blood of this kind brought about by habits. If the man of muscle was called upon to exercise his mind long and intensely, he would soon have the headache, lassitude and exhaustion, in

fact as readily become exhausted with this kind of unaccustomed effort as the brain worker would if required to labor actively at anything that required muscular exertion. These habits and capacities may be at least partially changed by gradually bringing about different habits in the two individuals, and with it different sorts of nutrition and the necessity of different diet. It must be remembered that all these ingredients, intended for different purposes, are thoroughly mixed together and circulate in company to all parts of the system, so that through the capillary vessels of the brain we have the neurine with the muscular, bilious and other materials, instead of the neurine alone. The affinity of the nerve fibre for its peculiar material of support, through the agency of cell metamorphoses, takes up from the blood its own nutritive elements and leaves the other ingredients to pass along and be elsewhere appropriated for other purposes. Of course it is supposable that only just so much material is abstracted as is needed for repair and growth and no more, and if the blood is still rich in such ingredients, much of them pass on to be returned in the general course of the circulation. In like manner the material for the formation of muscle is arrested and appropriated as needed, as with every other peculiar material. The more actively the function of any organ is proceeding, the more rapid is the play of affinities between its intimate structure and the blood in the capillaries. The blood, by means of the attraction of the acting organ in its atomic changes, is attracted into the capillaries in increased quantities, the attraction being always from the arterial extremities of these minute tubes. It is thus drawn from the arteries by this attractive force. So soon as the chemical or vital changes have resulted in the repair of the acting structure, this artero-tissual attraction ceases, but now there is thrown into the stream of passing blood the effete material resulting from tissual disintegration, where there is another force developed, a kind of tissue-venous repulsion which urges it forward in the veins. These are the main elements of force in the capillary circulation, the attraction of interstitial and separative nutrition and the repulsion of interstitial disintegration and distinction. Now to justly estimate the effect of these forces, it will only be necessary to recollect that the tubal

area of the capillary vessels, compared to that of the arteries whence they are supplied with blood, is four hundred times larger. Hence, if nutritional attraction is feeble—which it certainly is—when exercised by a single cell, it becomes enormous when billions of them combine in pulling in the same direction. In fact, I have sometimes fancied that if all the organs could act simultaneously through all their capillary vessels, so much blood would be thrown through the veins upon the heart as to burst it from excessive accumulation. If, on the other hand, all nutritive attraction were to cease, the blood would accumulate in capillaries, cease to evolve caloric and the circulation to stop. Indeed, it is quite probable that such is the condition of things in extensive congestive collections in different parts of the body, or of a general character. In cholera, in which there is general congestion, this seems to some extent to be the case. The blood stops in the capillaries and passes through them with great difficulty, either on account of its altered condition or the arrest of nutritional changes going on necessary to keep up the circulation, the watery portions transude through the skin and mucous membrane, while there is a complete want of response to medicinal appliances, as though the functions of the stomach, both absorbent and digestive, had entirely ceased. In repose, or an accustomed degree and kind of exercise, the capillary flow of blood is such as to keep up a pulse, say to 75 or 80 beats the minute. In walking or standing, in persons accustomed so to do, there is very little acceleration of pulse, but when a larger number of muscles than usual are put into operation, the increased area of capillaries are being acted upon by this nutrition affinity, and consequently a larger amount of blood is poured into the veins and thence into the heart, which is stimulated to greater exertion and also the whole circulation. The relative affinities between the blood and the tissues may be increased therefore by an increase of function in the latter; the more active a muscle is contracting and relaxing, the more rapidly its changes of disintegration and repair is going forward, the greater amount of nutritive material it is attracting from the blood. In persons whose blood is rich in albuminous material for the support of muscle, the less will be the arterial

excitement—other things being equal—because the muscles derive their pabulum from a less quantity. If, however, the blood is impoverished in the material necessary for the support of muscle, it is drawn through the capillary vessels more copiously, in order they may receive the same supply. This explains the exciting effect of exercise in anemia. The capillaries must pass a large amount of impoverished blood through the muscles, or a large amount of it is passed through quite rapidly in order that they may derive material for their repair. This being poured into the veins, it goes more rapidly than ordinarily into the heart, which is very excitable, and it is thrown into tumultuous action. There are many good reasons deducible from experiments and observation for believing this to be the true explanation of the physiology of exercise. The mechanical effect of the muscles in pressing the blood forward toward the heart—for on account of the valvular fixtures in the veins passing through the muscles, they cannot press it backward—by squeezing the vein between them, has been supposed to, in some measure, account for the acceleration of the circulation of the blood, and the sweating, heat, etc., to be the effect of the latter phenomenon. But, as I shall show from experiment, this cannot be an explanation in all cases. The secretions and excretions seem to be stimulated to an increase by the mere presence of the ingredients forming their products in a more than ordinary quantity. The kidneys may be stimulated to increased action by a more than ordinary quantity of water in the blood, and by medicinal agents in the circulation. The proper office of the excretory organs, however, is to carry off the waste sustained by functional action in the active organs. They attract the materials of secretion in their capillaries from the arterial extremities of these tubes, and thus may add or produce arterial excitement just as functional action in other organs may do the same. The mere transudation of water through the skin and mucous membranes of the alimentary canal or kidneys as not forming a part of the cell action in secretion, must be considered an exception to this rule. A prominent example of this kind of excitement is the secretion of sugar by the kidneys. Diabetes is always attended by increased arterial excitement,

and yet post mortem examinations have not revealed any peculiar inflammatory lesion to account for reaction. In fact, I think we may regard it as a rule, that increase of function above the natural standard of activity involves an accelerated circulation, greater or less according to the circumstances of the case. Exceptions to this rule possibly may be summoned by the memory of some of my friends here to-night, but they do not just now occur to me; and further, the longer functional action continues, the greater will be the velocity of the circulation. This constant increase of circulatory velocity is dependent upon one of the circumstances mentioned above, viz: the definite amount of ingredients intended for the support of functional activity in each organ; something like a definite amount of material for the repair of muscular structure during its acting condition. This substance in a state of preparation is diffused throughout the whole circulating mass. After the process of repair has been kept up during muscular action for some time, the quantity will become lessened, so that the blood to some extent is impoverished of this particular class of ingredients, and a greater amount of blood must be circulated through the muscular fibres in order to impart to them an adequate amount of support,—just as a larger amount of unnutritious aliment is necessary to impart the nourishment that a smaller quantity would afford if more concentrated. This decrease of material and increase of excitement bear a direct proportion to each other, until the blood becomes so much exhausted as to be incapable of supporting the organs under further exertion, when the exercise must cease; not from damaged condition of the acting organ, but from the exhausted condition of the blood. The most interesting proof of this theory of the physiology of muscular exercise is derived from the effects of muscular contraction without motion of the limbs, such general contraction of antagonising muscles as to prevent motion. It will be found by experiment that when an individual is sitting at apparent ease, if he places all the muscles of one lower extremity in a state of great contraction, from the hips to the toes, that his pulse will be accelerated from twenty to twenty-five beats in the minute, and of both lower extremities some ten more. By

simply holding one arm horizontally, it will accelerate the pulse from four to ten beats.

I have tried a great variety of experiments of this kind, and I find the larger number of muscles, and the more violent the contractions, the greater the arterial excitement. I have very little doubt but that one half of the soft parts of the whole system in weight is made up of the muscles and their appendages. If this be a true supposition, the area of their capillary vessels is two hundred times larger than the whole of the arteries in the body, and it is not to be wondered at that a small increase in the rapidity of the current in an area of nearly a hundred fold more tabal space—as one leg and hip—should cause perceptibly increased action of the arteries. Another fact of no small importance to the physician deducible from the experiments I have performed and witnessed of this kind is, that this static muscular contraction produced more effect upon the action of the heart and arteries than locomotion. I think this results from the circumstances that the muscles of the legs in locomotion are not all in a state of contraction at the same time, but alternately contract and relax, one set carrying the limb forward while the other set is relaxed. There is yet another remark I desire to make about the physiological action of muscles. Although the body of a muscle may be continued tense for a considerable time, the whole of the fibrilla are not in a state of unvarying rigidity, but the organ, when closely observed, will be seen to tremble and twitch in small portions, each portion being in a different part every instant of time, and upon auscultation the contraction and relaxation of the fibrilla composing its bulk may be heard very plainly. There can therefore be no doubt that a part of the fibrilla are contracting while the others are relaxing and repairing, ready for another contractile effort. For an instant, in a jerk or sudden start no doubt, all the fibrilla may act in unison, and those are the overwhelming contractions that snap asunder the tendo-achilles, or the muscles themselves, or back bones, etc.; but such contraction cannot be maintained even for a moment. Only a part will act at a time on a strain, and the longer the stretch the more ineffectual and feeble this general contraction becomes.

PATHOLOGICAL EFFECTS OF MUSCULAR EXERCISE.

As with every other condition and circumstance which may produce disease, the effects of muscular exercise will vary, and its ultimate morbific action will depend upon many things. Constitutional proportions of the different organs of which the body is composed will modify the effects of exercise, as also the different conditions of them. The tumultuous effects of violent exercise upon persons laboring under pulmonary and cardiac affections would be easily predicted. Dyspeptics, from their incapacity to digest, assimilate and repair the waste resulting from the wear of protracted muscular action, would soon succumb to their exhausting exactions upon nutrition. Persons too whose kidneys, skin, or other emunctories are so damaged as to perform excretion imperfectly, soon poison their own blood to such a degree, under voluntary exertions, that they are soon arrested. Climate has much to do in enabling man to undergo great fatigue without damage. The tropics are peculiarly averse to great and protracted physical labor, probably on account of the air being so rarified as not to oxygenate the blood sufficiently in quantities respirable by an ordinary pair of lungs. Extremely cold climates, although affording oxygen in compact manner, is probably so sedative in its influence as not to be most favorable to enterprise. Experience proves to us what sound physiological knowledge would suggest, that the temperate is much the most favorable zone for man and the enterprises of civilization. All the circumstances necessary to enable man to do more work without damage to his physical system are here combined in that happy manner, as not only thus to capacitate him, but to stimulate him to ambitious and profitable industry. Diet is another one of the most certain modifying circumstances in this respect. Impoverishment, debility, and organic evil is sure to work destruction upon the unfortunate laborer who lives on insufficient fare. Nor can we leave out of the question habit. Laziness incapacitates man for labor, and it would be almost certain to make a lazy man sick to commence hard labor upon any sudden emergency; and we seldom see people physically capable of field or mechanical labor who have led a life of indolence up

to mature manhood, and if by mental discipline they force their muscular system into laborious employment, the effects are disastrous in the great majority of instances.

In order, however, to arrive at the proper morbific influence of exercise, we must observe its effects under all the circumstances in which man is placed, while also we bear in mind the degree and kind of exertion.

It will probably be best to commence with a consideration of the acute effects, if I may use the expression, of violent efforts, and afterwards take a view of the more gradual inroads upon health made by protracted toil. Violent muscular contractions often cause tendinous ruptures, as in the case of the tendo-achilles, an instance of which my friend, Dr. C. G. Smith, mentioned to me recently as the result of violent muscular efforts in dancing, as also hernia, etc. Rupture of their own substance: a very interesting case of this accident occurred in the practice of a friend of mine several years ago; the rectus abdominis tore across about the junction of the upper two-thirds with the lower third. Bloodvessels have also been ruptured, and fatal effusion in the brain, chest, or abdomen, the consequence. The heart itself, a powerful muscle, may be lacerated by the distending influx of blood, an instance of which I once knew in the case of an athletic man standing under a heavy load. The patient staggered, fell with his load and never rose. Upon examination, his heart was lacerated and his pericardium distended with extra cardaic blood. Thousands of such disasters are constantly occurring as the accidents of muscular exertion, but it is with the less direct influences that we are now most concerned. It may not be irrelevant, perhaps, to consider for a moment what fatigue is, what its character, and what its import. I mean by fatigue that muscular inconvenience, dependent upon over exertion (local) in the muscles of the legs when it has arisen from walking, in the arms when they have been the members used, etc. This local fatigue is, doubtless, the result of increased vascular action in the parts the capillary vessels have been and continue to be more than ordinarily distended with blood, in order to keep the parts properly supplied with nutritive material, and is caused by the nutritive affinities in the tissues. When

this increased vascular action is continued for any length of time, it may become local inflammation and not pass off by rest merely, particularly when other circumstances favor such a state of things. The lungs may also become the focus of local irritation and inflammation as the effect of excitement from exercise. The brain, in fact most of the important viscera, may be thus affected, but I think by far the most morbid effects of exercise are indirectly produced from it. The suppression of excretions, rendered more active by exercise, is a source of aggravated difficulty, if not a primary result of the excitement of exercise. In order to elucidate the idea I wish to convey, I will mention a few facts that are known to exist. During active exercise the blood is loaded with excrementitious substances, as carbon, urea, or its proximate principles, etc., and these are finding outlets through the exhalations from the lungs, skin and increased urinary discharge. The dupurating process is commensurate with the necessities for it, and the blood is maintained in such a condition as is necessary for the support of the vital and nutritive processes of the system to a healthy degree, each emunctory having its own peculiar effete substance to eliminate, and when not interrupted, all goes on well; but should one or more of these emunctories fail to perform their duties, some of the excrementitious substances fail to find their way out of the bloodvessels, and being retained in the mass of blood, to a certain extent poison that fluid, and render it incapable of performing all its complicated offices. This is the reason why suppression of cutaneous excretion proves so disastrous, when the individual is laboring under the wearing effects of violent exercise. We know from experience that it is not simply the stoppage of perspiration, for if perspiration induced by heat be stopped, the effects are not nearly so disastrous as if produced by violent exercise. The recrementitious contents of the blood are smaller in quantity and perhaps less poisonous in character. It should be remembered, however, that there is no time, even in the most calm condition of the functions, but what excrementitious substances do exist in the blood, to an extent of quantity sufficient to prove deleterious to the organism if detained by suppressed excretion. I think it is thus our most

violent inflammatory diseases are produced. I desire to be understood as not denying the repulsive effect of suppression of excretion. This is often effective, I have no doubt, in the production of local determination, but I do wish to make a distinction between this effect and the retention of morbid excretion. I wish also to say that much stress is due to the time—in relation to exercise—when this suppression occurs, as to the gravity and direction of the effect produced.

Its chronic effects upon the muscles are well known. It almost invariably results in hypertrophy. The muscles concerned become larger and capable of more than usual power. And no doubt but that nutritional increase may be carried to a great extent if everything else favors. The most interesting, however, is the chronic effects upon the blood, and through it upon the organization at large, or some particular organ or group. This subject has not commanded the attention which ought really to attach to it, and hence there is not much known as to what the effects of excessive muscular exercise, continued for a long time, would be. The instances which usually fall under our observation are such as are combined with privation and often other deleterious influences, so that we cannot separate the evil of the various causes. Excesses in this way, however, must lead to changes in the composition of the blood, abstracting, on the one hand, the material for their support, and thus, in one sense, impoverishing it; and on the other, pouring into the blood excrementitious substances evolved by muscular detritus, and thus injuring its composition. There can be no doubt that exercise for days, without the proper intervals of rest in this way, very much impairs the quality of the circulating mass, and produces morbid determinations, often to the brain, lungs, abdominal viscera, etc. I think there are many reasons for believing that the blood cannot elaborate the materials of digestion poured into it through the stream of chyle, derived through the chylopoietic organs, without some intervals of rest; that the several hours rest of night afford the blood time to recover from the exhausting influence of the exercises of the day; that sleep is a blood repairing process instead of an organ repairing interval from labor. The first effects then of protracted labor would

be impoverishment of the blood of certain substances intended for the support of the laboring organs, an increase of the velocity of the circulation, in order to compensate in quantity of blood for the want of richness, until it amounts to morbid excitement, and with local determinations to the organ operating. This may proceed so far as to induce inflammations of the muscles of the brain, etc. The great exertion necessary on the part of the central organ of circulation will induce hypertrophy, with all its evil effects upon the lungs, etc. In a more moderate degree, exercise, to too great an extent compatible with health, would cause simply functional derangements, from the changes of the blood I have just mentioned. The abstraction of certain elements from this fluid must prevent its chemical and vital reactions from taking place normally, in such a way as to keep up any of the functions correctly. I cannot forbear, although it may be not strictly in place, to consider, in this relation, the effects of want of exercise in a short way. The immediate or early effects of inactivity, as observed by the medical man, is in most instances plethora and often local fulness, particularly of the head, scanty secretions and excretions, costiveness, loss of appetite, etc. This condition of things is often followed by depraved secretions, the tongue is coated, various nervous symptoms show themselves in general *malaise*. There is always felt a strong desire to move about, the muscles must be stretched, with yawning and gaping. Now the symptoms of disease that occur as the effect of want of exercise, is very different from those, the result of excesses, in this respect. Excrementitious materials are not retained in the blood, hematoxy does not take place, but there is too great a production of nutritive materials for the organic expenditure, and if digestion remain good and hematization is efficient, more albumen is elaborated than the muscles and nervous system consumes, a larger amount of corpuscles, white and red, exist, than is necessary for oxydation and repair. There is too rich a condition of blood for the meagre demands. The acute effects of this real plethora is to embarrass most of the functions, produce hemorrhages, apoplexy, epistaxis, hemorrhoids, etc. The sudden transition of persons in good health, from an active mode of living to that of seden-

tary habits, very often lead to diseases of a plethoric character, highly dangerous and often fatal. I will digress here long enough to say that we should always discriminate in local disease, between those arising from suppressed secretion, and consequently in systems possessed of poisoned blood, and those coming up in case where plethora exists, from acute plethora developed in recently assumed habits of inactivity. I think the illustrious General Taylor is an example of the fatal influence of such a change of habits. Doubtless, such instances of disease would bear depletion far better than those originating in other causes.

But supposing that these acute effects are not developed, and the habit of inactivity and its consequences continue, what are we to expect? Now, I consider this one of the most interesting points of pathology, and I regret that the state of our knowledge and my own deficiency of information on this point, prevent me from doing justice to it.

I shall, however, say, in a very brief manner, such things as my experience and reflections enable me. If the opinion I have expressed above be true, that the blood is the great laboratory in which the nutritive materials are prepared ready for their immediate uses, and that each one of these ingredients are prepared in a definite quantity and of separate quality, as for instance such as are intended to repair the muscles, such as go to supply the wear upon the nervous system, etc., and that in order to be readily excreted they must be used for such purposes and cast off as refuse matter, it must follow that these materials will vary with the draw upon them by the acting organs.

I do not assume that ingesta may not be excreted without first passing through these respective structures, but that it is at least unnatural and unusual, and doubtless often gives rise to embarrassment in the secretory and excretory apparatus through which they pass. I believe, too, that many of these different ingredients, after being thoroughly prepared for use, are retained, and raise the albuminous compounds to a higher relative proportion than normal. This, at first sight, would appear of little consequence, but upon closer examination I am induced

to believe that a class of the most obstinate and fatal affections arise from, or at least their cause are made more effective by sedentary habits, and habits of inactivity. I allude to scrofulous and tuberculous disease, which I think ought to be classed together. My accomplished friend, Dr. J. N. Graham, at my instance, commenced a series of experiments upon dogs, to see how absolute confinement in a close box would affect them, so that they could not turn around or in any way exercise their limbs, and yet have a good supply of pure air and good food. Although these experiments were not so numerous and varied as to justify positive conclusions, they unquestionably produced the very best specimens of tubercous infiltration in the lungs, as also some of the other organs. These lungs may be seen at his office in Portland Block, by any member of the society who choose to call and examine them. The effect was so complete, and resulted apparently so entirely from confinement, that he is equally with me of the opinion that they stand in the relation of cause and effect. This opinion is strengthened by the fact, that the wild animals caged in the different menageries and zoological gardens die almost invariably from tuberculosis. Observation on the human patients, I think, still fortifies the conclusion. The robust hunter and frontiersman or his family scarcely ever have scrofula or consumption. I have not time and space in this connection to adduce any further evidence of this kind; but I believe reflection on what you have seen, and observation in future, will furnish you with numberless examples of this kind. And this is quite in accordance with physiological laws. Before reminding you of these, however, I will mention a fact with which you all are no doubt familiar: that tuberculous and scrofulous deposits belong to the proteinous compounds, and are identical in chemical composition with these as found in the blood in the shape of albumen, fibrin, etc. Now, the physiological laws to which I have alluded are, 1st, that when an ingredient becomes redundant in the blood, it has a tendency to effusion in the tissues, or completely out of the body; and, 2d, that when an effusion in the tissues takes place, the fluid portions are absorbed, and the solid, becoming compact, act as irritants, and are discharged by suppuration—instance apo-

plexy, etc. Now, I think, this is just what takes place in tuberculosis; the albumen, which is elaborated in and through the blood, becomes superabundant, because not used by the muscles and nervous system in a state of inactivity, and is effused in the tissues in the shape of tubercles in the lungs and cheesy deposit elsewhere.

Two facts somewhat relevant to this theory is, that in tuberculous persons the proportion of albumen is highly preponderant, and that the chemical composition of muscular fibre is that of albumen. Other causes augment the tuberculous diathesis and determine the location, shape and time of deposit. Irritation from cold would cause an unusual collection of blood in the lungs, and encourage the deposit in them; intestinal irritation would produce the same effect in concentrating the fluid and deposit in the abdomen; premature or morbid excitation in the cranial cavity would induce tuberculous meningitis. May I not also claim the broken-down tuberculous condition, developed by long confinement, from serious accidents, as fractures, crushed limbs, etc., as confirmatory evidence of the theory? But I am prevented by time from discussing this interesting branch of the subject farther. However, I hope, as cultivators of our beloved science, you will examine it with sufficient patience to confirm or falsify the conclusions to which I have been forced by the weight of facts, as I have seen them.

This disturbance of quantitative and qualitative composition of the blood acts in other directions deleteriously. The right composition and relative abundance of separate constituents of the blood are indispensable to the correct physiological action of any of the organs. Hence, we find that indigestion from depraved or insufficient gastric and intestinal secretion, almost invariably attends great inactivity. What digestion does take place is so imperfect as still further to deprave the composition of the fluids, and add to the tendency to organic trouble. The liver, pancreas, and in fact all the glandular apparatus, either become torpid merely or depraved in their action. This indigestion and torpor of the abdominal glands are sometimes alternated with copious effusions in the intestinal canal and diarrhea, as we see in chlorosis and other affections of this sort.

In this general depravation, the nervous system suffers its share. Cephalagia, neuralgia, and neurotic phantasies of all sorts and of the most distressing character, generally accompany this condition of things. The nervous symptoms sometimes assume such prominence as to mask for a time—and I am not sure if they do not postpone other—more disastrous evils to which the patient is tending. Want of exercise has another more direct and positively deleterious influence on the inactive organs. We will be able to appreciate the force and direction of this evil influence best, by recurring to examples of extreme degrees of inactivity. All of us must have observed the great muscular debility with which patients arise from a long confinement, by serious accidents; how long it requires for muscles of a broken limb to regain their wonted vigor, and command of the member, and how much the faculties are all obtunded by the absolute confinement and inactivity of prison life.

It may be stated, I think, without any suspicion of its correctness, that no organ can exist without functional action. They are not developed in animals of corresponding species where they are not needed. The fishes of lightless caverns of America have no eyes, and yet they cannot be proven to be different in any other respect from the fishes in the neighboring external brooks. And I do not hesitate to believe that the sixth generation of human beings confined to an entirely unlighted cavern like the Mammoth Cave, would produce blind offspring. The second having less perfect organs of vision than their parents, the third still greater deteriorations, and so on until the eyes would be merely rudimentary. We have no examples that I am aware, of any of the higher order of animals ever having been submitted to such trial; but I think the inference justifiable, and therefore venture to express it.

The entire inactivity resulting from paralysis is succeeded by complete muscular atrophy—not merely want of energetic nutrition from nervous influence, but structural alteration; the muscles lose their fibrous texture and degenerate into masses of areolar tissue, so that no amount of stimulus is sufficient to cause them to contract. The probability is this, muscular atrophy is one of the greatest obstacles to cure in paralysis.

We cannot account for the cure of muscular paralysis by electricity upon any other principle than its stimulus upon the muscular fibre directly, and their increased capacity therefrom. The more susceptible and powerful the muscular fibre, the less nervous force is necessary to cause contraction. We do not, cannot suppose for a moment, that electricity or galvanism can add to the amount of nervous force, it merely supplies its place temporarily, until the disease which produced the lesion has passed by. Some very valuable practical lessons may be deduced from this consideration of the facts as above stated. The first is that there is no danger of beginning with our electrical stimulation too soon. The stimulation of the muscular fibres by the local application of electricity is necessary (not only useful but necessary) to the preservation of their capacity to act when the nervous stimulus may be restored to them. There is no danger of exhausting their excitability unless we use it imprudently strong. And I insist, that much of the failure resulting from a trial of electricity in paralysis arises from neglect to stimulate the muscular fibres, until their capacity for action is damaged. I am aware that this is not in accordance with the teaching of the majority of authors, as I might show by quotations if I had time, but I hope the members will pardon me for thus plainly stating my convictions.

THERAPEUTICAL INFLUENCE.

It cannot be doubted that exercise, producing as it does such extensive physiological and pathological effects, may be turned to therapeutic advantage. Its general effects are depurative, alterative and catalytic. I have probably shown sufficiently already the manner in which it is depurative: by promoting secretion and excretion, and thus casting out of the blood, through these emunctories, such effete substances as might be detrimental by their presence. I hope it will not be necessary to dwell on this point to any greater length. It is alterative by being depurative and tonic. It changes the direction and character of morbid action by equalizing the circulation, sending the blood with more vigor through capillaries in which it has been stagnated by congestion, and depleting in a peculiar manner by secretory evacuation. In this last respect we may

instance the good effect a hearty commotion of the chest by laughter has, in producing mucous expectoration and relief from constriction, that had previously existed, and the good influence on some diseases of the skin. But still another general effect which I term catalytic, for want of a better term, has a great influence upon the well being of the physical and mental system of man. It is a reacting influence of the different constituents of the blood upon each other, brought about indirectly by exercise. Change in organs produces change in the constitution of the blood, and thus renders it more adapted to the normal nutrition of other organs. If the muscular system remains quiet, the decomposition of certain compounds in the blood containing its nutritive principle does not take place. These compounds may, and probably do contain, in some chemical or vital condition of cohesion or attraction, the principle for the sustenance of some other system of organs, the nervous, I will say, for illustration. But these latter, although present, may not be in a state for appropriation until the former is separated by the muscular nutrition. The play of nutritive affinities between the blood and any of the tissues cannot be perfect unless it be good in all. If there is a failure anywhere in the great circle of nutritive assimilation, constituted by the complete variety which make up the whole system, it is felt by all more or less. Indeed, it is almost certain that the development and perfection of hematosis depend, after the chyle is received into the vessels, upon the influence of all the organs as the blood circulates through their capillaries. In this view of the subject, we see that hematosis is not effected by themes enteric glands, lungs and liver, or any other special set of organs, but is the effect of the co-operation of all the tissues, each contributing to the perfection of the process, by abstracting from and adding to the mass in the general round of circulation. The mesenteric glands, no doubt, impresses upon the chyle some influence in composition and change that is indispensable. Their effect is not only indispensable but peculiar: it is thrown into the blood, mixed and circulated by the heart, passes into the lung to undergo change, which can be effected nowhere else. In the course of its general round it is received into the spleen, where

cavernous formation has also a specific effect upon its composition and fitness for use. The liver, with its double circulation, contributes another touch of perfection to the changes already commenced; thence this fluid carries with it a condition not before possessed and acquirable in no other organ, and as has been imagined, perhaps the thymus, thyroid bodies and supra-renal capsules, all contribute in their own way their own impressions, each distinctive and unlike the other; but after all the generally considered processes of sanguification are complete, this blood would be unfit for all its purposes until it had been peculiarly impressed by the cerebral or nervous, the muscular and other tissues. Now what one of these tissues produce a state necessary as precedent circumstance to the changes which succeed in other points, cannot be said with any degree of certainty. But the stomach must not fail in one small particular, in performing its (the) first duties in assimilation; the mesenteric glands, the lungs, the liver, all must act just right; the muscles must act; there must be cerebral, in fact, every variety of functional action, or the blood degenerates in composition and becomes unfit for perfect support to any one of the series of organs. When there is nervous derangement or disease, the blood is deranged in quality and the phosphates are eliminated by the kidneys in more than ordinary quantities, while all the functions are disordered. If the muscles are diseased, as in rheumatism, acid to an inordinate extent may be discovered in the excretions, while the system is disordered in every respect. The kidneys excrete urea under muscular exercise in larger quantities than when in repose. Sedentary and studious habits give preponderance to the phosphates. I have been led into this train of reflection in tracing the mutual influence of one organ upon another through the blood, to exemplify my meaning of catalytic effect (or the decomposing effect) of exercises. I think it shows the necessity of the decomposing effect of one organ to the composing influence of the blood upon others, and that as every cell selects its own peculiar substance and prepares the fluid for another step in development, so does each organ by selecting its own peculiar nutritive properties from the blood, prepare that fluid more completely than it could otherwise be for the sustenance of other

organs. Now the general therapeutic effects of exercise in this direction, I think, will be apparent from the above observations. We must enforce muscular exercise when practicable at all, as a conservative measure—a measure to sustain the healthy condition of the well organs. There is no doubt that many serious forms of disease arise from a want of observance of this rule. Many of the derangements referable to the above explanation of facts are called sympathetic derangements. The muscles do not appropriate the substance intended for them, the blood retaining it, and is unfit for the formation of gastric secretion of a perfect character, indigestion results; the secretions from the bowels are slow, costiveness follows, etc. We cannot deny that costiveness and indigestion is the effect of want of exercise, the only difference is the manner of explaining their connection. Want of exercise deranges all the secretions and excretions, they cannot be healthy under a state of absolute confinement, and I think the reason is because the blood is changed, or rather is not sufficiently changed for the perfection of these processes. The special therapeutic effects of exercise are very numerous and varied, and depend upon the kind of exercise, and I will give them more particularly in another place under the head of special exercise.

The kinds of general exercise most in use are carriage, horse and foot. Exercise has also been separated into active and passive, but this is not a strictly correct application of terms, for if there is muscular action at all it is active, and without such action I should not use the term exercise in connection with it. Carriage exercise is a very gentle, or may be made very gentle exercise. The only muscular exercise in carriage riding is the amount of effort necessary to retain position. If sitting and the vehicle is conducted over rough roads and driven pretty rapidly, it becomes very fatiguing on account of the large number of muscles called into play, and the frequency of action necessary to keep position, and may produce a greater general effect, depurative and alterative, than walking. Horse-back riding, however, is justly considered the most profitable, because the most varied of any of the three sorts I have mentioned. It calls into action a larger number of muscles

simultaneously, perhaps, than any other. The bracing in the stirrups calls into action all the muscles of the lower extremities, those of the back, chest, abdomen, in fact, the whole trunk, including the neck, are employed in maintaining the erect posture, under the varying relations of the centre of gravity; while those of the upper extremity are constantly required to guide, check and otherwise control the animal. Now all the conditions necessary to make this a trying and very fatiguing process is to have a rough gaited and spirited horse. On account of the large number of the muscles employed, and the constant and active efforts required to perform the great diversity of movements, horseback exercise has more general influence than any other with which I am acquainted. It has almost a positive control over deficient secretion and excretion. Indigestion, torpor of the liver and bowels, without organic disease, cannot exist on horseback. It has a very happy effect upon many general affections, by equalizing the circulation, promoting the secretions generally, and energising digestion and nutrition. I know of no one means so subversive of cachectic habits, either with or without organic disease, if it can be borne without immediate detriment, as horseback exercise. An hour a day, ten miles, or any other precise quantum, will often fail, when it will succeed if used to the extent of endurance. If capable, the individual should be on horseback constantly; at any rate, as much as possible. In consequence of the depurative and roborant effects, I look upon it as one of the very best means of preventing and even curing in the early stages of tuberculosis. But in the advanced stages of consumption, it is too fatiguing, the system has lost its capability for enduring so much muscular action, and of course it is not available. It would be foreign to the objects of this paper to go into minute detail of the applicability of this kind of exercise to all the diseases in which it is found to be beneficial. Exercise on foot, or walking, as a therapeutic and hygienic measure, is not as highly appreciated in this country as it is in Europe, particularly in England. The pedestrian feats of many English ladies would, if related, astonish their fair sisters of this country. No doubt much of the robustness of frame and

beautiful color of the English females depend upon this salutary habit of walking several miles *every* day. A little wet weather or a bleak wind does not prevent this practice—it would be as inexcusable to neglect the daily walk as the neat toilet exercises which always precede it. Walking is, although more fatiguing than riding on horseback, a less healthful exercise. It is more fatiguing, because some particular muscles support the main burden of the exertion, while others are comparatively at rest. It is less salutary and healthful, because so large an amount of the muscle are not in action as on horseback, and hence the amount of blood change is less;—all the general effects of exercise, however, are to a greater or less extent realized from walking. It is more available than either of the other sorts, because less expensive, and may be practised in less room. Although the influence is much enhanced by open air exercise, yet much valuable results may be brought about in the sick chamber by systematizing this kind of exercise; and in convalescence from acute disease, or in some chronic cases that will not bear exposure, we should not forget it. There is also a kind of exercise too that is available to the poor prostrated bedridden patient that I doubt not may be advantageously used on certain occasions. I allude to what I call static muscular exercise. It consists in the voluntary contraction of the muscular fibres of the limbs, so as to retain them in the position they happen to be placed. The patient with a broken limb, who cannot rise for fear of displacing the adjusted fragments, may thus draw all the fibres of the sound limb tense, and keep them so, or alternately relax and contract them as he may be able to bear it, until all the general effects of muscular exercise be produced, and manifested in the secretions, excretions, appetite, digestion and good health generally. I have no doubt that if patients were rightly instructed and attended to in this respect, many of the broken down constitutions, with which patients often arise from the effects of severe accidents to the extremities, would be prevented. No man can appreciate the powerful effects of this kind of exercise without some experiments upon the subject. I have already alluded to its effects upon the pulse; it also induces perspiration, diuresis, fatigue, hunger,

and all the effects of muscular motion. In fact, there is more danger of over exerting the muscles in this way than walking or riding, for in the static exercise of the muscles all of these organs are acting at the same time; in walking, a part of the muscles of the leg carries the foot forward, while those on the posterior part are relaxed and resting; so soon as the foot is planted these muscles contract, and those on the anterior part of the leg relax. And thus they alternately relax and contract, resting half the time. It will be readily experienced that we cannot keep all the muscles of a limb in a state of rigid contraction but a very short time. The larger number of muscles, the greater the general effect. No man can hold all the muscles of the lower extremities in a state of forcible rigidity for two minutes, without blowing and sweating quite as much as if running or walking rapidly. It may seem probably, at least, impracticable to apply this kind of exertion for hygienic or therapeutic purposes, but certainly many patients are so situated that they cannot take any other sort, and their health must suffer. In these cases, I am satisfied, much good can be done in preserving and promoting energy of function in all the more essential organs by this static mode of affecting them. Besides these sorts of what may be called general exercise, because not necessarily confined to any set of muscles, there is what may be called special exercise, having reference to some part of the system; thus, by exercising the muscles of the arms and chest, it is expected that the lungs will be expanded beyond their former size; in exercising the abdominal, we may promote the action of the alimentary canal and quicken digestion; by dancing, we can enlarge and develop the muscles of the hips and legs; by fencing and boxing, the arms, and so on. Much may no doubt be effected in this way, which may be made useful under certain circumstances. Gymnastics, as practised by skilful teachers, is designed to be of general and special usefulness.

Although every studied motion and act has a special reference to some part of the body or system of organs, they are so numerous and so skilfully designed, as to have a developing effect upon the muscular system as a whole, by operating upon each part successively, while they have the depurating, excretory,

alterative and catalytic effects that are produced by general exercise. All young persons, who are too indolent and proud to work, and all others whose occupation is deficient in exercise, should avail themselves of this, as an excellent means of promoting their health. Occupations often involve the exercise of only a part of the muscular systems, and hence may be used under certain circumstances, therapeutically, for changing the current of circulation and strengthening parts of the organism; so that we should never lose sight of the excellent effect of a change of employment that may be brought about under certain contingencies. And I cannot but think that exercise by some employment, with the double object of pecuniary and hygienic good, is more effective when properly adapted to the case, than merely to take exercise for our health.

I cannot do more than merely allude to this view of the subject now on account of the limit of this paper. I may say in a general way in conclusion, that exercise in acute diseases, particularly inflammations, is scarcely ever applicable, absolute rest being the rule, and that it is to chronic cases to which it is most appropriately adapted. Acute cases, in fact, are nearly all injured by the arterial excitement which accompanies it, but after the acute symptoms to some extent have subsided, exercise will promote healthy action and assist in repairing the damage resulting from the force of the attack, and should be prescribed with as much care and discrimination as the more medicinal part of treatment. This will often be found as essential to the welfare of our patient as any other remedial measure. Many cachexia, no doubt, grow out of the anemic and deranged condition of the system resulting from the progress of acute diseases, and might be prevented by this and other roborant means during convalescence. Great care, however, will be necessary to avoid relapse from too much arterial excitement; the return to exercise must be gradual, and cautiously watched. There is probably no chronic disease in which exercise may not be employed as a remedy, and I think it is the principal curative means in many of them. On the lungs, exercise has a peculiarly good influence. They of course partake in the general catalytic operations, while they grow and enlarge from the increased demands made upon them for oxygenation of a greater amount of blood.

ARTICLE II.

REPORT OF A CASE OF EXTRACTION OF THE BONES OF A FŒTUS FROM THE PERITONEAL CAVITY, AFTER HAVING BEEN THERE OVER FOUR YEARS.

BY D. W. YOUNG, M. D., AURORA, ILL.

On the 17th day of August, 1855, I was summoned to visit Mrs. Phillip Youngels, a large and robust German lady, residing one and a half miles north of this city in what is called the *Big Woods*, whom I found in an advanced stage of labor with her second child.

She was already far advanced in labor when I arrived, and consequently required but few more pains to complete it.

The child, a large, well formed male, weighed some eight or nine pounds, and was strong and healthy.

After the child was born and the placenta removed, and while I was applying the bandage, she directed my attention to a tumor in her right side, situated in the iliac region, which she informed me had been there for something over four years, and gave the following interesting history of its commencement.

She says that while she was still residing in Germany, she became, as she supposed, pregnant for the first time; that she enjoyed pretty good health during the first six months of gestation, but during the latter three or four months she suffered quite a good deal of pain in her right side.

At or about the expected time for her confinement, pains came on, and she and her friends supposed that labor had really commenced, and accordingly called their midwife, who came, and after repeated examinations expressed her fears that the child did not *lay right*, as she could not reach it, and as it did not advance properly notwithstanding the severe pains. Her pains continued and increased until she says something burst and discharged a large quantity of water and bloody matter, together with clots of coagulated blood, after which the pains ceased; the tumor diminished in size and moved higher up, and farther to the right side. The final conclusion with them was that she had only suffered from obstructed menstruation which

had now been relieved. The lochial discharge continued for two or three weeks, during which time the tumor also diminished somewhat in size. But finally the lochial discharge ceased, leaving the present tumor, which to all appearance has remained perfectly dormant up to this time.

A few months subsequently she consulted her surgeon in relation to the tumor, who informed her that the tumor was most undoubtedly an ovarian tumor which could only be relieved by a very hazardous operation, which, while she suffered so little inconvenience, he would not advise.

She soon again became pregnant and in due time was delivered of a living healthy child. Parturition was natural and easy, and she soon regained her usual degree of health, having experienced nothing different from other parturient women under the circumstances, except an entire absence of the lacteal secretion. The tumor apparently remaining in the same dormant condition.

Some two years subsequently she again became pregnant, and in August, 1855, I attended at her confinement, which, as I have above stated, was uncomplicated and easy.

As the tumor remained, to all appearance, just as it had been for over four years, of course I advised no interference unless necessity should require it.

I heard nothing more from Mrs. Youngels until the first of May, 1856, when her husband called at my office to consult me in relation to his wife, who he said was very poorly. He informed me that some time after her confinement she was attacked with chills and fever, and that as his friend, A. W. Heise, M. D., a very eminent German physician and surgeon from Addison, Du Page Co., Illinois, was in the neighborhood, he called him to prescribe for his wife. Notwithstanding the medicine, the chills and fever continued; the tumor became painful, inflamed, and finally opened and discharged several small bones, one of which he exhibited, and I pronounced it the fibula of the right side. He said that he had that day written to Dr. Heise, requesting him to visit his wife immediately, and desired that I would see her with him when he came. I promised, and he returned home.

On the 5th day of May, 1856, I was summoned to meet Dr. Heise in consultation, who was then waiting at her house.

At my request, P. A. Allaire, M. D., of this city, was also called to examine the case in consultation.

The patient was very much emaciated, and seemed suffering from hectic fever and severe night sweats, together with extreme nervous prostration. The tumor near the umbilicus was ulcerated and discharging a *most terribly* offensive matter. After due consultation, and at the earnest solicitations and request of the patient, an operation was decided upon, notwithstanding her extreme emaciation and feebleness.

Accordingly, I put the patient thoroughly under the influence of chloroform, when the operator, Dr. Heise, proceeded with a grooved director and bistoury to make an incision of some inch or two toward the right side, and with a long pair of forceps commenced to extract the bones. The bones of the head and pelvis were too large to pass through the small orifice, which seemed as large as we dare make for fear of cutting beyond the adhesions of the sac and peritoneum, consequently they were broken up with a strong pair of scissors. This was a very slow and tedious job, as you will notice that the bones are perfect and fully of the size of an ordinary nine months' fœtus, and very firmly ossified, being as hard or even harder than the bones of an adult skeleton. Drs. Heise and Allaire took turns in operating, and were full two hours in removing all the bones and cleansing the sac. The patient was during all this time kept thoroughly under the influence of chloroform with the most happy effect. In fact, when the operation was completed, and she permitted to come from under its influence, she expressed herself as feeling decidedly better.

They succeeded in removing all the bones, together with a large mass of semi-decomposed matter, which was most indescribably offensive, from the sac. The sac itself was firm, dense, and so tough as almost to resist the scalpel, and was contracted closely around the bones. After the operation, the dressing consisted of a simple broad bandage around the abdomen, with directions that she be kept on her side so as to facilitate the discharge from the wound.

I visited her the next morning as per agreement, and found her comfortable and in the position we advised when we left her.

She was a little hoarse and complained some of her throat, doubtless from the effect of the chloroform. I removed the bandage, when the wound discharged quite profusely; reapplied the bandage and continued the same directions.

Things progressed thus favorably for four or five days, when I discovered that all or nearly all the fæcal matter was being discharged from the wound and through the orifice of the sac, near the umbilicus. I invited Drs. Howell and Allaire to visit her with me. They both examined her thoroughly, and found as I had that the fæces were really passing through the wound.

The plan of treatment instituted for this formidable complication was as follows:

I applied one large compress above and another below and close against the walls of the sac, then one immediately over the orifice, and then a broad bandage firmly applied over them around the abdomen, with directions that her bowels must *positively* be moved once a day either by castor oil or injections. I also gave her freely of good nutritious food with tonics, forbidding them to remove the bandage or compresses in my absence.

Under this plan of treatment, I soon had the satisfaction of seeing our patient improve very rapidly. The bowels soon moved regularly *by the rectum*, the discharge from the sac decreased, the sac contracted, adhesions formed, the orifice closed, and at the end of four months I discharged her perfectly cured from *all her pregnancies, ulcerated bowels, artificial anus, and all difficulties of whatsoever kind*, and up to this time, two years and two months, she has enjoyed excellent health.

[The bones referred to by Dr. Young, upon examination, proved to be: eleven ribs, two ulnæ, one radius, two humeri, two femurs, two tibia, two fibula, one scapula, one clavicle, two ilia, sphenoid, various and numerous fragments of bones of the head, etc., etc. Not a trace of the vertebra or bones of the hands or feet, among the lot sent, can be found. The bones are in a fair state of preservation, and quite as large as we might expect

those of a full grown fœtus to be. There are several interesting points in this case to which I might refer, but I will only take the liberty now of mentioning one, that is the character of the pregnancy. I think there is quite sufficient reason to doubt whether it was a case of extra-uterine fœtation proper. So far as the history is given (which I own is too imperfect upon which to base positive conclusions), it favors the supposition of rupture of the uterus, extrusion and peritoneal imprisonment of the fœtus. I need but mention that the discharge of a large quantity of water, clots of blood and bloody matter, and the removal of the tumor farther up in the abdomen, are unlikely if not impossible phenomena in the spurious labor of extra-uterine pregnancy. It is almost as difficult, however, to account for the escape of the patient from fatal peritonitis under this supposition, as for the unusual circumstances above mentioned occurring in real extra-uterine fœtation. W. H. B.]

ARTICLE III.

A CASE OF FRACTURE OF THE LOWER JAW AT ITS NECK.

BY M. O. HEYDOCK, M. D., CHICAGO, ILL.

I was called upon the evening of the 21st of May to see Mrs. B. F. H., who had, I was told, just been thrown from her carriage and severely injured. Upon my arrival, I found that a fracture of the lower jaw constituted the only injury of a serious nature; the treatment of which is the subject of this paper.

The fracture was evidently at the base of the left condyle, crepitus was very marked and distinct, and deformity arose from a swaying of the jaw to the left, owing, as I suppose, to contraction of the pterygoid muscle. The fracture was easily reduced, the ordinary roller bandage applied, and cold water dressings ordered for the night.

Upon calling the next morning, I found that soon after falling asleep, displacement had taken place, and it was in the same condition as at first.

I now applied a pasteboard mould and the roller as securely as possible. The next morning I found that this had served the purpose during the day, yet during sleep displacement had again occurred, as in the previous night.

I now, with the approval of Dr. Freer, who had seen the case with me, had a spring made, partially encircling the neck, having a pad at each extremity, making pressure upon the left ramus and over the right articulation, hoping to counteract and overcome the action of the pterygoid muscle.

This acted indifferently well and was thrown aside. I now used one after another, starch binders, board and straps, and during the ensuing ten days almost every bandage I could find, approved by authors or suggested by friends. But each and every one failed me in my effort to retain the jaw in its place during the night, when voluntary control was lost in slumber. Two weeks had elapsed, displacement had occurred each and every night, crepitus was still as marked as ever, and pain on motion as great.

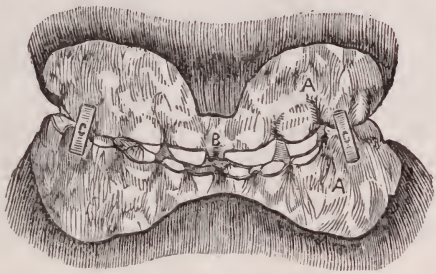
The prospect was anything but encouraging, a false joint seemed not only a possibility but a probability, unless by some contrivance immobility could soon be obtained.

I had exhausted my inventive resources in external appliances, and I now made a careful examination of the teeth to see if from them I could not obtain some hint which would assist me to accomplish the object I had in view. I observed that the upper central incisors were widely separated, and it occurred to me that advantage might in some way be taken of this peculiarity. A few hours elaborated the idea which had presented itself, and which was with the modifications to be hereafter mentioned, successfully carried out and executed.

The idea suggested was that a mould of the teeth of the lower jaw should be taken, running as far back as the molars, and from this a gold cap should be made which should snugly fit, and be securely and firmly attached to the teeth by clasps or otherwise. To this cap, at the point of separation between the central incisors spoken of above, a fragment of gold was to be attached, which should, when the jaws were closed, pass up between these incisors somewhat in the manner of a wedge.

If I am understood, it will be seen that if the cap retains its place, I have by the wedge-like process overcome the tendency to lateral displacement.

I now called upon Dr. Allport, a dentist of our city, and stated my project to him. He suggested that the pressure of the wedge, even though slight, and though not exerted during the day, while the jaw was under the control of the patient, might give rise to some soreness and irritation if continued as long as the nature of the case demanded. He proposed to overcome this objection, by fitting a cap for the upper jaw, similar to that of the lower, into which the wedge should be inserted, thus distributing the pressure. The two caps were then to be secured together by a couple of slender bars crossing from one cap to the other.



A A represent the two caps; C C the cross-bars connecting them; and B the wedge passing up between the incisors and hidden within the cap.

Impressions were now taken in wax, and the caps made after the same manner as the plates made by dentists for artificial teeth.

Upon placing the caps in position, it was found as we had anticipated, that the gold operating on a foreign body would not admit of a closure of the jaws. To obviate this, the opposing and impinging surfaces were freely cut away, exposing the crowns of all the teeth, thus permitting a close approximation of the jaws, and at the same time furnishing an outlet for the secretions which would naturally accumulate within the caps, and prove a source of annoyance and irritation.

The relation one cap would bear to the other was ascertained by placing the chin in position and directing the patient to bite

into a mass of softened wax, and while the caps were imbedded in the wax they were removed and secured in this relation by bars crossing in the neighborhood of the canine teeth of each side.

Dr. Allport now suggested that a thin layer of gutta percha should be placed inside the caps, which might, by its presence as a lining, prove less irritating than the plates alone, while at the same time it would more perfectly adapt itself to the inequalities of the surfaces than the metal. This, after being softened in boiling water, was placed within the caps and they placed *in situ* while it was soft and pliable and as hot as could well be borne. The patient was then directed to shut the jaw naturally, and it was then firmly pressed home and immovably fixed.

I applied the roller bandage at night for a week or so, to guard against any possibility of displacement from fright or other cause, though there seemed to be little occasion for it, for voluntary motion even was lost to the patient. The natural projection of the upper teeth over the lower, combined with the slight separation of the jaws caused by the caps, gave ample opportunity for the ingress of soups and slops by which the patient was nourished and supported, until the removal of the caps.

During the first two weeks considerable pain was experienced in the neighborhood of the fracture, and at the expiration of that time the provisional callus was perceptible through the tissues.

Four weeks having elapsed from the day in which the caps were applied, and six from the date of fracture, they were removed, and union found to be complete. For the first few days the articulating surfaces of the teeth did not readily coalesce, but at the end of a fortnight the recovery was perfect and satisfactory in every particular.

There was, upon removing the caps, some soreness of the mucous membrane, but this rapidly subsided under the use of an astringent gargle combined with chlorate of potash.

As a general rule fractures of the jaw are easily treated, the

roller, pasteboard and starch proving sufficient. But in this case they were of no service in restraining laterial motion, and until this experience, I confess I was not aware how difficult a thing it was to control that movement. I certainly gave them a fair trial, for Fergusson tells us in his work on surgery that he "does not take particular pains about the bandages after the fifteenth day," while in this two weeks elapsed without *any* perceptible change for the better; nor was there any promise that there would be if the same course was continued for a longer period.

In closing, I would say, that it is not of course to be expected that in all fractures of this nature, the incisors will be found conveniently separated and admitting of an application of just such a contrivance as this. But this report will have accomplished its errand, if from it any one shall have obtained a hint, assisting him to control the lateral movement of the jaw—a thing which, like many things else untried, seems to the uninitiated simplicity itself, while in fact it gives rise to an anxiety and vexation of spirit "not dreamt of in their philosophy."

ARTICLE IV.

CASE OF DISEASE OF THE BRAIN.

BY B. WOODWARD, M. D.

MESSRS. EDITORS,—The opportunities for making post-mortem examinations are so rare here in the West, that I am induced to trouble you with a slight history of a case and its revelations.

On the 31st of May last, I was called to see Willie, aged seven years, son of Rev. J. Blanchard, D. D. Has been in delicate health for several months, and for the last two months has exhibited a remarkable degree of drowsiness. He had been confined to his bed eight days, and been treated with domestic remedies by his parents. Found him with clean, moist tongue, rather pallid; pulse 100, and feeble; mind at times wandering; parotid gland on right side enlarged, and tender on pressure; right eye rather prominent with contracted pupil, the sclerotic

coat infiltrated with serum, and having a dull, clouded appearance; vessels of the eye not enlarged; breathing free and natural, except rather hurried; bowels in a healthy condition; urine healthy in quantity and appearance; head very hot, and from right nostril there was a continual discharge of bloody serum.

The symptoms, conjoined with appearance of the child, which was: fair skin, soft silky hair, contracted chest, large head and small limbs—pointed me at once to struma, with tubercular deposit on the brain. What else could I make of it?

℞ Syr. iodide of iron and glycerin, and quinine et. pulv. Doveri.

The parents, not believing it possible that the case could be scrofula, discontinued the use of the medicine after giving two doses of each. Found him the next day with pulse 128, skin hot and mind more wandering, though the most of the time he lay in a semi-comatose condition. Ordered,

℞ Tinct. verat. vir. gtt. ij. every two hours till pulse reduced.

In six hours the pulse was brought down to 98, but the parents being afraid of the medicine, it also was discontinued. The right eye continued to protrude, and before the death of the patient (which took place on the night of the 8th of June), it was so much protruded that the lids could not cover it. The coma became most profound, and he had no more lucid intervals, and total blindness of both eyes obtained for the last two days of life. Spasms of both hands and arms, but particularly of the right arm and hand, were very constant for the last forty-eight hours.

Permission was granted to make an examination of the head, and twelve hours after death, in the presence of Drs. Hard, Taylor and McCurdy, I made the post-mortem examination.

Appearance of the body natural, the protrusion of the eye not so great as during life.

On removal of the calvarium, the dura mater was found very much congested, and all its vessels much enlarged. It was covered with points of tubercles, from the size of the head of a pin to that of a large pea, which, on being pricked, gave out pus. Removing the dura mater, large quantities of serum flowed

out, and the arachnoid and pia mater were seen to be highly injected, and under the arachnoid were several spots of hæmorrhage, one of them near the top of the head as large as a twenty-five cent piece. Both arachnoid and pia mater were thickly covered with tubercles, the most of them softened. Removing now the brain, the whole base of the skull was found covered with pus, which was also oozing from innumerable points on the under surface of the brain. The bed of the optic thalami was occupied by a large abscess which had burst, and the pus had made a passage for itself along the right optic nerve into the cavity of the orbit. At the base of the cerebellum, at the superior portion of the medulla oblongata, we found a spot as large as a nutmeg completely disorganized, and cutting as low down on the cord as possible, it was found to be bathed in pus, and the membranes of the cord injected. The arachnoid had a dull, clouded appearance. Between the dura mater and the cribriform plate, was a collection of bloody serum, probably ʒj., which seemed to have exuded from a diseased portion of the dura mater, and it had found its way through the cribriform plate into the right nostril, all the branches of the olfactory nerve being saturated with the fluid. The ventricles were all filled with serum.

Such extensive disorganization of the brain is seldom found, and it was a matter of surprise to the physicians who witnessed it (and they are all men perfectly conversant with morbid anatomy), that life should have continued so long.

We had a perfect solution of all the morbid phenomena. The protrusion of the eye was due to the pressure of the abscess on the optic thalami, and the infiltration of the pus through the optic foramen.

The spasms of the arms and hands were doubtless caused by the disorganization of the medulla oblongata; and the escape of bloody serum from the nostrils, by the collection over the ethmoid bone.

It was a matter of regret that we had not permission to examine other organs, as it would have been interesting to have traced the tubercular disease through the system. As it is, it was most satisfactory in establishing the diagnosis of the case;

and from the prominence of Doctor Blanchard, as President of Knox College, we hope we shall find it more easy in future to get permission to make post-mortem examinations.

It is a fearful fact, that strumous diseases are greatly on the increase. Risking the danger of being called "a hobby rider," I am compelled to pronounce many cases of disease "scrofulous" which have not been, and are not so called by many other practitioners, and the result of treatment seems to verify the diagnosis. With your permission, Messrs. Editors, I will before long send you the notes of a very interesting case of the kind.

GALESBURG, ILL., June 16th, 1858.

ARTICLE V.

EXAMINE YOUR MEDICINES.

TO THE EDITORS OF THE CHICAGO MEDICAL JOURNAL,—Permit a stranger to your pages (a stranger, not as a reader, but a writer), to call the attention of your readers very succinctly to the necessity of increased care in the choice and administration of our medicines.

Beside the ordinary adulterations with which we are all familiar, there appears to have been recent developments of new and dangerous additions to our common remedial agents which claim our serious notice. Thus, in the "Transactions of the College of Physicians of Philadelphia," we find Dr. Keating relating a case of an alarming character from the administration of three grs. of what purported to be Tilden's extract of hyoscyamus. The dose was followed by morbid respiration, complete insensibility, small and rapid pulse (150 in a minute), profuse, clammy sweat, pupils extremely dilated, scarlet effusion of the skin and inability to swallow. Dr. Ruschenberger corroborated the case by another in his own practice, in which a sailor, by the use of four grs. of similar extract, became delirious, had dilated pupils, troubled vision, red skin and dryness of the fauces. The reporter remarks that "the general impression" of the members present "seemed to be that the symptoms described were those

of belladonna only, and that, as the extract employed had not been tested by analysis, there must have been more or less extract of belladonna."

To these cases I may add one of my own. A little child took, in a compound of calomel, ipecac and prepared chalk for dysentery, one-fourth of a grain of soft extract of hyoscyamus; in an hour or two, its skin became red, its fauces dry, eyes affected, convulsive motions of its arms, eyelids and head, etc. This occurring but a day or two since, I have not examined the extract for belladonna; which, however, I fear, will be detected in the preparation.

At the same meeting of the college, Dr. Roger states that he was induced to examine ten specimens of sub-nitrate of bismuth from different apothecaries in Philadelphia, from the occurrence of a fatal case from the use of this powder, and that he detected arsenic in eight of the samples. This dangerous adulteration is not altogether new; but it has rarely been suspected, and as rarely looked for. All our authorities agree in representing earthy carbonates and carbonate of lead as the more common admixtures; but according to Prof. Bache (U. S. Disp.,) Lassaigne obtained one-sixth of one per cent. of arsenic from a parcel of sub-nitrate of bismuth bought in Paris.

Again, one of our apothecaries sold some sugar-coated compound calomel pills, which, the physician says, acted so drastically as to excite inquiry into the cause. Tilden was written to, and replied that the pills returned had been analyzed and found correct. Notwithstanding this, I subjected some of the same pills to a careful examination, and the result was, that I found the guaiacum, calomel, etc., all present, but not a particle of sulphuret of antimony; in the place of it, I obtained unequivocal evidence of the presence of tartarized antimony, by its reaction with metallic zinc, sulphuric acid, etc.

The subject is one which claims a more deliberate consideration than I am now able to bestow upon it, and therefore I submit the foregoing hastily penned paragraphs as simply suggestive.

JNO. T. PLUMMER.

ARTICLE VI.

(Translated by Dr. Byford, from the *All. Med. Cent. Zeitung.*)

A CASE OF NATROPHAGIE.

RELATED BY DR. BÖCKER, CROWN PHYSICIAN, IN BONN.

Mr. Titz, formerly an apothecary, now a stock-jobber, sixty-two years of age, enjoyed excellent health during early life, and up to 1840. About this time, he became subject to daily emesis, which lasted to 1842, at which time he had become very much emaciated and bedridden. He now underwent treatment at Hamburg, with very great relief; but it was not long until the vomiting returned to its former distressing extent. The substance ejected was dark mucous coffee-grounds looking stuff, sometimes decidedly bloody, and very sour. The emaciation now became very great indeed.

Mr. Titz, from the fall of 1842 to the beginning of 1843, took daily a half ounce of bi-carbonate of soda, and from the year 1843 to 1854, daily, one whole ounce of the same substance, with complete relief to the vomiting. He sometimes took the salt with a little water, but ordinarily he chewed or swallowed the dry crystal. The taste became quite tolerable, in fact agreeable. He took the ounce in three portions, either shortly before or immediately after eating. It was for a quarter of an hour followed by eructations of carbonic acid gas.

In a few days after beginning, in 1842, to take the bi-carbonate, all the symptoms began to improve. The vomiting and acid eructations ceased, the appetite returned, the digestion became good, defecation regular and fæces natural in appearance, the patient assumed the entire appearance of good health, and in a few months complete health was restored. Jocundity and rotundity took the place of his former meagreness and melancholy.

In 1854, Mr. Titz stopped the use of the soda; soon he felt weight in the epigastrium, and experienced flatulency, acid eructations, somnolence, weakness, yawning, asthma and rheumatic pains. He was for several weeks treated by different physicians, most of whom attributed his symptoms to the

inordinate use of soda. He grew worse, until, in despair, he resumed the bi-carbonate of soda, from six drachms to an ounce daily. From this time forward he improved, until, in a short time, every symptom had vanished, and up to this time Mr. Titz has enjoyed uninterrupted good health.

When he goes on a journey, and for a few days neglects his soda, the symptoms begin to make their appearance, to be entirely dissipated by a return to the remedy in full doses. It is necessary that at least six drachms or an ounce be taken daily to have the proper effect. His habits now are very regular. He rises at seven o'clock, takes his bread and coffee, dines at one o'clock, with a good appetite, taking afterward a glass of wine or beer, sleeps an hour, goes out walking, in the afternoon drinks a cup of coffee, mingles in society of evenings, takes a glass of wine or beer, sups, goes to bed at ten o'clock evening, and sleeps soundly till morning.

Mr. Titz is robust and healthy, of blooming countenance, strong in muscle and corpulent. His digestion, notwithstanding the extraordinary use of his soda, is good; his bowels are regular; the urine is alkaline, clear wine color and without sediment, ferments upon the addition of acid, and contains a great deal of bi-carbonate of soda.*

The lungs are perfectly sound. There seems to be some deficiency in the left auriculo-ventricular valves of the heart, which, however, causes no embarrassment. Pulse, sixty-five to the minute. The liver, spleen, kidneys, none of the abdominal organs, give any sign of disease whatever. In fact, Mr. Titz, for a person of his age, is a model of unexceptionable health. His four children, all grown, are also healthy. If, in consequence of an omission of his accustomed wine or beer, his appetite becomes poor, a somewhat large dose of the soda sets all things right with him in a few hours.

This brief history of a very singular case possesses several points of interest. We may from it, I think, draw a useful lesson, and have our views enlarged in regard to physiological processes.

* It would have been interesting to ascertain whether the fæces did not contain the bi-carbonate of soda, but Mr. Titz would not give me an opportunity to experiment on them.

If it were true that alkaline mineral waters are a cure for obesity, that alkalies destroy the fat, Mr. Titz should be very much emaciated, instead of being so fat and lusty.

It is said the long use of alkalies deprives the bones of chalk. If this were true, Mr. Titz should have been cartilaginous before this time; but we find, that after fifteen years' use of soda, his osseous system is strong and firm. Also, if it is necessary for the gastric juice to be acid for complete digestion, what an enormous quantity of acid must the stomach of Mr. Titz secrete.

I should have been very glad to have entered into a series of research with Mr. Titz, in order to ascertain the effects of soda upon the organism, more particularly the secretions, but he would run no farther risk of effects which the withdrawal of the soda from him seemed invariably to produce; and to ascertain its precise influence, it was indispensable to withdraw it for some time. An analysis of the blood would also have been exceedingly interesting to me, but it was impossible to procure any for the purpose.

Although it was not in my power to develop this case in all its important aspects, I hope the foregoing account of it may not be altogether profitless.

Bonn, June 2d, 1858.

BOOK AND PAMPHLET NOTICES.

Transactions of the Twenty-ninth Annual Meeting of the Tennessee State Medical Society, held at Nashville, April 6, 1858.

It would seem, from the very few present at the meeting, that the great importance of such associations is not appreciated by the physicians of Tennessee; this is the case elsewhere, as we have reason to know, and is very much to be regretted. Nothing has contributed to elevate the standard of medical decorum so much within the last few years as the frequent association of physicians. They know each other better, under-

stand what is expected of each individual to the other, and are stimulated by the spirit of laudable ambition thus begotten, to make greater and nobler efforts in behalf of the *common cause.* Before the organization of the American Medical Association or our State and County Medical Societies, comparatively very little of a definite character was known by the mass of the profession about etiquette, ethics, good manners, professionally, etc., etc. Frequent conferences, however, of late have elicited the effect of different practices upon the standing and harmony of the profession, and established an enlightened and liberal code of ethics under which we may all live and associate in amity. If this was all that had been accomplished by these modern institutions, it would have been enough in all conscience to make us feel and take a deep interest in the sustenance of them and their influence; but this is not near half their benefits. Why, how many men in the ranks who could be seen only by close scrutiny along the line, after his name had been privately suggested by a friend, that now stand forth majors, and their names honorably and familiarly known from one side of our broad continent to the other, that must ever have remained destitute of even favorable mention but for the stimulus, fostering aid and publicity given them by professional societies? Writers of no mean character have been *developed* in this way. And then papers that have increased the reputation of the profession abroad would not have had their existence but for these societies. Trains of thought and research have been opened up and discoveries made that will live forever, that else would have lain dormant, perhaps, until the end of time. And the teachings of these associations are of incalculable benefit, particularly the smaller ones; the discussions and facts elicited always benefit some member; and we think it would not be extravagant to say, that every two hours' conference of twenty earnest and devoted medical men on medical subjects will always save twenty lives, by increasing the capacity of all for the efficient discharge of their duty toward the sick. Is there any objection to them? If there is one really valid reason why they should not be sustained, we cannot summon it before our minds this morning. Nothing but indolence prevents the large

majority of physicians from attending. All sensible, reflecting men will attribute habitual negligence of these institutions on the part of any member of the profession to downright, unpardonable laziness. It can be nothing else. And it will never fail to demonstrate itself, that such negligence, such laziness, will eventually ruin the delinquent. But to return to the Transactions of the Tennessee State Medical Society; the discussion, as recorded in the minutes, show both spirit and talent in the few members present.

There are only five papers contained in the Transactions, all very short, but practical and well written. The first is by J. L. Maddin, M. D., of Nashville, on the question, How does chloroform cause death? He states that there have been about one hundred cases of death from chloroform altogether; that these, without exception, occurred in operation in minor surgery; no fatal cases in obstetrics. The main practical point in the paper is, that the *local* anesthetic effect of the agent on the nerves of the lungs destroys the *besoian de respeirer*, and thus prevents the reflex stimulus upon the muscles of respiration. That instead of its control being exerted as a destructive agent more powerfully on the nervous centres directly, he thinks the respiratory act ceases from a complete annul of the organic sensitiveness of the lungs. This is, at least, very plausible, and may be true. As a remedy, he recommends artificial respiration until the chloroform gas is all evolved from the respiratory cavity and the anesthetic effect wears off.

The second paper is from Dr. Eve, giving an account of a patient who swallowed a set of artificial teeth. It has traveled the round of the medical journals so generally, that it is not necessary to notice it at any length. It is a curiosity.

The third paper is by L. M. Woodson, M.D., Sumner Co., Tenn., on a case of disease of Cerebro-Spinal Centres, characterized by constant hiccough, followed by death. It loses most of its interest from the fact that a post-mortem could not be procured.

The fourth paper is by W. P. Moore, M.D., of Linwood, Md., on Obstetric Medicine. The author relates several interesting but not extraordinary cases of obstetrics, and winds up with

some remarks upon the different operative modes of terminating difficult parturition.

The fifth paper is by C. K. Winston, M.D., of Nashville, and is made up of three cases of Traumatic Tetanus, successfully treated by large doses of sul. morphia and inunction of sweet oil. The morphia was given in quantities sufficient to control the spasms, which required it to be increased each successive day. Three recoveries of this dreadful disease from large and increasing doses of morphia ought to be remembered.

We hope next year to be able to greet a larger volume of as good material from the Tennessee State Medical Society, and see in their record an evidence of an increasing interest on the part of the profession at large in regard to an organization calculated to do so much good. W. H. B.

We have received the first number of the *Medical Journal of North Carolina*, August, 1858, edited by Edward Warren, M.D., and published under the auspices of the State Medical Society, at Edenton, N. C. It is a neat, well arranged and comely periodical, and under auspices of the whole profession of the State; and considering the fact that there is no other in the State, and that its editor is widely and favorably known to the medical world, we think and hope it will have an abundant success. We willingly comply with the request to "exchange."

W. H. B.

Tilden & Co.'s Book of Formula.—This is intended as a guide in the use of their preparations, and the compounding the officinal tinctures and solutions from their fluid and solid extracts. It will afford much information to persons desiring it in this connection. We have also received several numbers of his Journal of Materia Medica, which may be had by sending your name to them at New Lebanon, N. Y. With these were several specimens of sugar-coated pills and granules. We have already drawn the attention of our readers to these valuable preparations as supplying a desideratum in such times of fastidious taste as these are; a trial of them will pay. W. H. B.

EDITORIAL.

REPORTS OF THE SANITARY COMMITTEE TO THE COOK CO. MEDICAL SOCIETY, AUGUST 3, 1858.

REPORT OF DR. E. L. HOLMES, FOR THE NORTH DIVISION OF THE CITY.

CHICAGO, August 3, 1858.

Your committee appointed to report upon the health of the North Division of our city, has comparatively little to offer. The season thus far has been one of remarkable health, and yet there is good reason to believe that the poor in many instances, suffering from poverty and want, have neglected to call medical aid even in cases of necessity. Undoubtedly, numerous deaths have occurred among children of the abject poor, without the knowledge of physicians. I infer this from the fact, that I have several times heard reports of such cases from people who knew the circumstances. I have also in my visits, in different sections of the North Division, seen children in a dying condition, to whom no medical assistance, as I was informed, had been called. The parents of these children, from the difficulty of gaining a support, seemed indifferent to their recovery, and even wished them to die. How far this degree of inhumanity is prevalent among the poor of our city, I am unable to judge.

During the past month, although the weather upon the whole has been delightful, abdominal diseases, especially among children, have been more prevalent and deaths more numerous. Atmospheric influences undoubtedly have much influence in producing these results, but I apprehend that neglect and inefficiency on the part of parents are the great causes of mortality among the poor children of our city. And yet if we examine into the condition of the dwellings of the poor wretches, for instance, who live near the river on the North Division, between Kinzie and Superior streets, I think we shall find other causes of disease and death. The ground is lower than in some other portions of the city, the drainage is incomplete, the contents of privies and every kind of offal remain for a long time upon the surface of the earth. It seems almost incredible that

human beings can live under such circumstances. Fortunately this portion of the city will soon be improved.

I have seen and heard of numerous cases of measles and scarlatina.

My attention has been called to several very severe cases of cholera morbus. Two of these cases, I must confess, I am not disposed to regard as cholera morbus, but true cholera, perhaps of a mild form, and I think no one of experience, who had seen them in a season of epidemic, would hesitate to call them so. The first case was that of a German laborer, 45 years of age, very tall and of great apparent physical strength, who, without any known cause, was attacked in the afternoon of July 22 with severe vomiting and purging without the slightest pain. From the fact that there was no pain, patient thought he would soon be better and consequently sent for no physician. The symptoms in a couple of hours became less violent, but at four o'clock the next morning returned, with exception of the vomiting, with renewed energy. As there was still no pain, patient flattered himself that the attack would pass off without medical aid; but at four o'clock in the afternoon, after having passed more than thirty copious watery evacuations, he sent for me. I found him upon his back, nervous force almost wholly prostrate, extremities cold, lips livid, pulse feeble, cold perspiration upon the face and hands. The discharges were still very frequent, and resembled very diluted arrow-root as prepared for the sick, with something like Indian meal at the bottom of the vessel. The patient complained of nothing but thirst and weakness.

The second case was that of an Irish woman, aged 25, married, and of remarkably good constitution. Without known cause, at three o'clock, July 31, she was so violently attacked with vomiting and purging, that after throwing herself upon the bed, she had not strength enough to call the assistance of her neighbors. In a couple of hours a friend happened to call and found her in her prostrate condition. A few minutes after this on reaching the house, I found her still somewhat inclined to vomit; so weak that she could scarcely rise upon her elbow; the discharges from her bowels copious, watery and passing away involuntarily. The feather bed upon which she lay was

wet through. Upon examining the sheets, I found there was no discoloration from the discharges and hardly any smell. A small quantity of the discharges collected in a vessel resembled a mixture of white Indian meal with a large proportion of water. The patient had no pain, lips blanched, extremities, however, not cold, pulse feeble, constant sighing with difficulty of breathing, complaining of intense burning thirst. Patient was evidently much frightened. This, however, could not account for the great prostration of strength, since the number and quantity of the discharges during the time I was with her, were sufficient to account for her loss of strength.

Both of these patients recovered under treatment which consisted of small doses of calomel and opium often repeated (every fifteen minutes for a couple of hours, and then every half hour for the same time), with small doses of brandy and capsicum, and injections of laudanum and starch into the rectum after every discharge; I also applied cloths wet with hot mustard water to the external surface.

In the course of a couple of hours, marked relief of symptoms appeared. In a couple of days, patients were able to leave the bed. In the last case I must admit, that the calomel less than fifteen grains produced a very slight soreness of gums.

E. L. HOLMES.

REPORT OF DR. D. D. WAITE, FOR THE WEST DIVISION OF THE CITY.

CHICAGO, August 3, 1858.

The undersigned Sanitary Committee for West Chicago respectfully report:

That the health of the West Division of the city, for the past month, has been unusually good for the season.

The very cool turn of weather which set in the second week of the month, succeeding the three weeks of weather so warm that the mercury stood at an average of 90 degrees, was, according to reasonable expectation, immediately followed by a general prevalence of diarrhea, cholera morbus and some dysentery. These have constituted the burthen of disease for the last three weeks. Yet in a very few cases have they

proved dangerous or extremely troublesome. In my own cases, with the aid of a little calomel, I have successfully combated the endemic of the season, with a combination of morphine, tannin and quinine.

I have seen but one death from cholera infantum. This was a child of one year, who had endured the wasting disease for four or five days without intermission. The flesh and natural visage nearly gone, and in deadly collapse, at the time I was called.

Here I will state, to illustrate a fact to which I wish to call attention, that this child, in this extreme condition, was brought more than a mile in the arms of its mother, uttering an incessant moan, which plainly enough told its fate as soon as my door was opened.

Last year, I saw a number of cases of this kind among the destitute, who either died without medical aid at all, or only received it when too late to be of service. From what observations I have made, and from what I have learned last season and this, I am now satisfied that nearly one-half of all the deaths of children in the city occur from the want of timely medical aid, and the suitable nursing and surroundings of a sick person. Indeed, I know that many children of the poorest class, who live entirely outside of society and outside of common care, die without any medical aid, and sometimes, as I have also had occasion to know, while the parents were too drunk to realize their danger. These sad facts may account for the circumstance that physicians are often surprised at hearing the report of city deaths, especially of children, having seen nothing in their practice to apprise them of so large a number.

This will also in part account for the greater mortality of city than of country.

Here and there, a solitary case of intermittent or remittent fever, or, in common parlance, of ague and fever, with their tawny, muddy, or dusky-yellow visage, are occurring, like the last of the Mohicans, to remind us of a race of diseases now nearly extinct, which formerly created great havoc and terror in the early settlements of Northern Illinois and vicinity. For the management of these, little else than blue pill and quinine

is needed. I will remark, that in my own practice, several severe cases of cholera morbus in adults have occurred, which, in cholera times, would certainly have been set down as such. In the case of one lady of fifty, most intolerable crampings continued, in spite of all my efforts, for some ten or twelve hours after the discharges had ceased and the circulation was in a good measure restored.

I think that ether did more than any other remedy in quieting them.

In this case, the use of opium in any form being wholly interdicted by a constitutional idiosyncrasy, I think I checked the alvine fluid (it was but water with a slight greyish tinge) with injections of sulphate of zinc. I have heard of a few fatal cases of the kind.

DANIEL D. WAITE.

In addition to the foregoing reports, we copy the following, which shows the entire mortality of the city for the month of July:

South Division	117
West "	81
North "	70
Total	268

The mortality for the same month for a series of years past is as follows:

'48.	'49.	'50.	'51.	'52.	'53.	'54.	'55.	'56.	'57.	'58.
41	411	240	67	179	111	934	236	266	254	268

The diseases of the month were as follows:

Inflammation of Lungs	9	Convulsions	4
Inflammation of Brain	11	Still-born	7
Inflammation of Stomach	2	Erysipelas	1
Bilious Fever	1	Canker-Sore Mouth	2
Typhoid Fever	1	Consumption	37
Scarlet Fever	23	Debility	3
Delirium Tremens	1	Peritonitis	1
Ulcer of Stomach	1	Dropsy	3
Gastro-Enteritis	1	Rheumatism	1
Dysentery	103	Apoplexy	1
Teething	18	Old Age	1
Measles	5	Sun-stroke	1
Croup	1	Violent Death	1
Whooping Cough	1	Accident	4
Cholera Morbus	2	Drowned	6
Cholera Infantum	12	Unknown	2

It will be seen that dysentery has been the chief prevailing disease for the month; furnishing almost half of the whole number of deaths. It has prevailed chiefly among children under three years of age. In most instances it has been mild and easily controled by proper treatment.

From personal observation, we think that three-fourths of the deaths from this disease have occurred among the children of the poorer classes, who are prone to attribute all affections of the bowels during the first two years of life to "teething;" and therefore neglect all medical aid until the children are irrecoverably exhausted. From various sources we have learned, that dysentery and fevers are quite prevalent in many sections of the State. But we have had no detailed account of the special characters they assume.

In this city, attacks of fever, either continued or periodical, were of rare occurrence until the third week in August. From that time to the present (Sept. 5th), we have met with febrile attacks quite frequently, and presenting some features worthy of notice. In the typhoid cases there was, during all the first week, decidedly more gastric irritation, manifested by vomiting, especially after taking either food, drink or medicine; and less intestinal disturbance than in ordinary cases. The bowels were moderately costive, and in very few instances have they become tympanitic, even in the advanced stages of the disease. Many of the patients have complained of an unusual degree of distress or heaviness through the chest and epigastrium, with constant sweating and great sense of weakness. In a few instances the sweating has commenced with the forming stage, and has continued profuse throughout the whole course of the disease, causing the skin to feel cold and clammy to the touch, and corrugated as if long macerated in water. In these cases, the pulse becomes soft and weak, the tongue moist, thirst urgent, urine scanty, and the sense of weakness extreme.

Unless a favorable change takes place during the latter part of the second week, in addition to the symptoms enumerated, the mind becomes dull and indifferent, the eyes sunken, the pulse small and quick, the lips purple or leaden color, and the breathing either very feeble or slow and sighing. In the Mercy

Hospital and among the poor in the city, I have seen three fatal cases. In one of these, hemorrhage from the bowels occurred twelve or fourteen hours before death; but in the other two, death seemed to occur from simple exhaustion of the vital properties of the tissues.

In some of the cases but little pain was felt during the whole course of the disease. But in others, the pain in the head was persistent and severe for four or five days, and followed by an unusual degree of somnolence.

In some of the cases, a copious miliary eruption appeared on the surface between the fifth and tenth day of the disease, and continued until convalescence was established. From these observations it will be seen, that the frequent periods of profuse sweating, the soft and compressible pulse, the absence of abdominal tympanitis, together with the early feelings of exhaustion, constitute the prominent or peculiar features of the present prevailing form of continued fever. And they are sufficient to indicate great organic debility, or, in other words, decided diminution of both susceptibility aud vital affinity throughout the organized structures of the body. This direct depression of the vital properties or forces causes all the primary functions, such as secretion, cell growth, muscular contraction, nerve sensibility, etc., to be feebly executed. Hence, both respiration and circulation become feeble, the skin becomes relaxed as in the advanced stage of cholera, the saline matter of the blood rapidly passes off in the copious perspiration, and the patient is in imminent danger of death, not from local congestions, inflammations, or disorganization of structures, but from simple exhaustion of vital force and consequent cessation of organic action. We might cite several cases illustrating the prevailing type of fever. But we have space for only a brief notice of three; two of which were treated in the Mercy Hospital, and the other in private practice.

Case 1. Mr. ———, a German laborer, aged about thirty-eight years, was admitted into the Mercy Hospital on the 25th of August. He had been sick about ten days. His skin was cool and wet with perspiration; his eyes dull and upper lids drooping; lips pale and tongue moist; mind incapable of being

fixed long enough to answer questions correctly; pulse soft, small and 120 per minute; abdomen soft and not tympanitic, and intestinal and urinary evacuations involuntary. Although these symptoms plainly indicated a *moribund* condition of the patient, yet neither they, nor anything we could learn concerning the history of the case, indicated the existence of any special local lesions sufficient to produce a fatal result. He died on the evening of the 26th, about thirty hours after admission, apparently from entire failure of the elementary properties and functions of the system.

Case 2. Mr. B., a German, aged about forty years, was admitted into the Hospital on the 25th of August, 1858. He had been sick about ten days with continued fever, apparently mild in its character. At the time of admission, his face was moderately flushed; eyes dull; lips dry; tongue covered with a brownish coat, but not entirely dry; skin generally dry and above the natural temperature; respiration natural; pulse 100 per minute, and moderately firm; abdomen entirely free from tympanitic distension, but the bowels quite inactive, there having been no alvine evacuation during the preceding three days. He complained of much headache, sleeplessness, and occasionally a disposition to vomit. He was directed to take a powder containing calomel two grs. and bi-carb. soda five grs. every four hours until it should move the bowels.

Aug. 26th. Symptoms unchanged, and no alvine discharges. Ordered castor oil ℥ss., and should it operate freely, have it followed by an emulsion of oil of turpentine and tincture of opium, with two grains of quinine in each dose.

Aug. 27th. The castor oil operated freely yesterday, and was followed by the emulsion and quinine. The pain in the head was much relieved, otherwise the condition of the patient did not seem materially altered. Continued the same treatment with beef-tea for nourishment.

Aug. 30th. Found the patient this morning much more feeble. His skin was cool and very moist with perspiration, presenting on the fingers and hands a corrugated or shriveled appearance; the eyes more dull and sunken; the lips of a purplish color; tongue moist; abdomen flaccid and bowels inactive; pulse 120

per minute, small and soft; respiration unobstructed and quiet, but feeble; and mind dull or unconcerned. It was evident from the state of the skin, together with the feebleness of both respiration and circulation, that the vital forces of the patient were rapidly undergoing exhaustion. And yet, there had been no excessive evacuations or other apparent cause for such depression. To increase innervation and maintain a better degree of organic affinity, the patient was directed to take the sixteenth of a grain of strychnine in solution with four drops of nitric acid and water, every four hours, and two grains of sulphate of quinine between.

Aug. 31*st.* All the symptoms remain the same as yesterday, except that the circulation and respiration are both still more feeble, and the expression of the patient more sunken. Continued the strychnine and nitric acid every three hours, but omitted the quinine and gave in its place ten gr. doses of chlorate of potassa in solution; also, beef-tea, well salted, for nourishment. The object of making this change, as stated to the students visiting the Hospital at the time, was to increase the saline matter in the blood, and thereby increase its capacity for absorbing oxygen from the pulmonary organs. The purple or leaden hue of the skin, etc., plainly indicated a deficient decarbonization and oxygenation of the blood. It was evident that neither quinine nor ordinary diffusable stimulants, were calculated to remedy this elementary pathological condition. But if a greater quantity of oxygen could be introduced into the blood, it would do more to re-excite and sustain the failing organic sensibility and capillary action, than all other agencies with which we are acquainted. Hence, we ordered the chlorate of potassa as medicine and the chloride of sodium as condiment for the animal broth. The result in this case fully justified our theory; for on the following day we found every symptom of the patient improved. And by continuing the treatment four days, convalescence was fully established. During the last few weeks we have had occasion to prescribe the chlorate of potassa in several cases of continued fever presenting similar symptoms with the patient just alluded to and with uniform advantage. The following affords a striking example:

Case 3. Mr. M., a young man, native of Ireland, had been sick with continued fever about seven days, and under the care of an intelligent physician. On Tuesday, a messenger called on us saying, that the young man had been given up by his physician, and he was very anxious that we should see him. Knowing that there was very little reliance to be placed on the representations of that class of people, we did not answer the call that day. The next it was repeated with still more urgency, and we visited the patient. Found him occupying a dorsal position in bed; the head thrown back; the eyes turned upward, with drooping of the upper eyelids; a leaden hue of the lips; skin generally cool, covered with perspiration, and of a color indicating deficiency of capillary circulation; bowels inactive and abdomen flaccid; tongue and mouth moist; pulse small, soft and 115 per minute; respiration easy but feeble, and mind very dull. The attendants had not been able to make him "know anything" during the last twenty-four hours, and it was with difficulty that we induced him to partially protrude his tongue. The urine passed involuntarily, and the last fæcal evacuation was not controled by the patient. Finding no evidence of local structural lesions, and believing the condition of this patient essentially dependent on the same loss of organic sensibility or susceptibility, with consequent diminution of capillary action and æration of the blood, as described in reference to Case 2, we ordered for him the following:

℞	Chlorate of potassa,	ʒij.
	Mucilage of gum Arabic,	℥iv.

Mix, and give a table-spoonful every two hours; also, ten drops of chloroform, in sweetened water, between each of these doses. For nourishment, we directed beef-tea, well salted, or milk. The treatment was faithfully carried out, and in less than twenty-four hours he became sufficiently conscious to answer questions correctly, the clammy sweat disappeared, and his pulse became slower and more full. The same treatment was continued, only the medicine given at longer intervals. In two days more he had recovered full possession of his mental faculties, and control of his evacuations, with a pulse 90 per minute and soft, and some relish for nourishment. The chloro-

form was now omitted, and the chlorate of potassa continued every three hours. No other medicines have been administered, and the patient is now, fifteen days from the commencement of the attack, convalescent.

In the commencement of this article we used the word typhoid; but it is evident that the continued fevers we have met with during the last three weeks have partaken much more of the nature of *typhus* than of typhoid fever, as technically defined by medical writers. Since the middle of August, attacks of periodical fever have been more frequent than usual. Most of the cases that have come under my observation have been simple, and easily interrupted in their course by ordinary anti-periodic doses of quinine. But a few cases have exhibited a decidedly pernicious and dangerous character. The following case will illustrate these attacks better than any general description:

Case 4. Mr. R., a native of Ireland, aged twenty years, was admitted into the Mercy Hospital, Sept. 1st, 1858. He had been sick five days. Said he had had chills and fever every day, the cold stage occurring in the evening. At present, his countenance is dull, lips slightly bluish or leaden color, tongue moist but coated, bowels inactive, stomach irritable, with disposition to reject drinks, and complains of a sense of oppression or distress in the epigastrium. His skin is nearly natural in temperature and moisture. Fearing that quinine, if given immediately, would be rejected on account of the irritability of the stomach, we directed for him three or four small doses of calomel and morphine, to be followed by castor oil sufficient to open the bowels. Before the time came, however, to take the oil, his next paroxysm came on. The cold stage was characterized by great depression; a small, frequent and feeble pulse; a purplish or leaden hue of the skin; great restlessness and anxiety, but with very little muscular agitation or trembling. The febrile reaction was slow and imperfect, and the sweating stage slight.

As soon as the character of this paroxysm had been observed, the patient commenced taking sulph. of quinine four grs., with pulv. opii one and a half grs., every three hours. The medicine was taken faithfully throughout the day and was not rejected by

vomiting. Still, at the usual hour in the evening, another paroxysm came on, with symptoms of the most dangerous character. We made an extra visit to the Hospital near nine o'clock in the evening, and found him with lips and face of a dingy hue; the skin everywhere cold and covered with a clammy moisture; the pulse 142 per minute, small and feeble; the respiration irregular, intermittent and sighing; great restlessness and sense of oppression in the chest and epigastric region, with occasional efforts to vomit. He had been in this state nearly three hours. We immediately discontinued the quinine and opium, ordered a strong sinapism of mustard to the dorsal spine, and internally ten grs. of chlorate of potassa every hour, and ten gtts. of chloroform between, until indications of reaction were seen, when the intervals between the doses should be lengthened. The next morning found the patient quiet, skin warm and dry, pulse 95 per minute, general feeling comfortable though weak. Directed the chlorate of potassa and chloroform to be continued alternately two hours apart; and as the bowels had not been moved during the last three or four days, three powders, each containing quinine three grs. and calomel five grs., were given at intervals of four hours, to be followed by castor oil if they did not operate. The bowels were freely moved after the oil on the morning of the 4th, and the patient continued much improved. The chloroform was omitted, and the chlorate of potassa alone continued, with animal broth for nourishment. The patient had no further paroxysms, and is now quite well.

In three other strongly-marked cases of pernicious intermittents, we have prescribed the same remedies with the same happy results. Sometimes, we combine the chloride of sodium with the chlorate of potassa. It has seemed to me that the fevers of the present season, whether periodical or continued, present a strong typhus tendency. And the principal object of the foregoing observations is to call the attention of our readers to this feature, and awaken thought as to the best mode of counteracting it. Will some of our readers in those country districts where fevers are prevalent, favor us with an account of their special characteristics?

Apology and Bills.—The undersigned has delayed the issue of the present number, to carry out a determination to personally examine every man's account, and enclose the same in the Journal. It has cost much more time than we expected. The bills are made as they stand on our books. If any subscriber receives one he thinks erroneous, let him immediately inform us and we will be happy to make any corrections required. Let none infer from the delay of this number that we contemplate suspending the Journal. We shall *suspend* it to *those only* who fail to *pay* for it, as stated in the July number. All who *pay* will receive the Journal more promptly in future than any time heretofore.

N. S. DAVIS, *Proprietor.*

Rush Medical College.—Clinical instruction and dissections will commence in connection with this institution on the first Tuesday in October. The Hospital is well filled with patients, and quite a class already in attendance three times a-week. The material for dissection will be abundant. A course of preliminary lectures will also be given during the month of October. The prospects for a good class, and the preparations for their instruction were never better.

STARLING MEDICAL COLLEGE,

COLUMBUS, OHIO.

SESSION OF 1858-59.

THE REGULAR SESSION OF STARLING MEDICAL COLLEGE WILL begin on Wednesday, the 20th day of October, 1858, and continue till the first of March.

FACULTY.

S. M. SMITH, M.D., *Professor of Theory and Practice.*
FRANCIS CARTER, M.D., *Professor of Obstetrics, and Diseases of Women and Children.*
J. W. HAMILTON, M.D., *Professor of Surgery.*
JOHN DAWSON, M.D., *Professor of General and Special Anatomy and Physiology, and Dean.*
S. LOVING, M.D., *Prof. of Materia Medica, Therapeutics and Medical Jurisprudence.*
THEO. G. WORMLEY, M.D., *Professor of Chemistry.*
R. N. BARR, M.D., *Demonstrator of Anatomy.*

FEES.

Tickets of all the Professors,	$60 00
Matriculation Ticket, paid but once,	5 00
Graduation Fee,	20 00
Ticket for the privilege of the Dissecting Room, including the services of the Demonstrator,	8 00

Subjects for dissection in the building, furnished at a moderate expense, on application to the Demonstrator of Anatomy, *and in no other way.*

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for $65, with interest and approved security payable in one year, may be taken. But our *rule* is payment within the first three weeks of the session.

There are two extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical and Dissecting instruments are readily obtained.

☞ All letters of inquiry will receive prompt attention, if addressed to any member of the Faculty, or to **JOHN DAWSON, Dean.**

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MEDICAL COLLEGE OF OHIO

CINCINNATI.

SESSIONS OF 1858-1859.

THE THIRTY-NINTH ANNUAL COURSE OF LECTURES, IN THIS Institution, will commence on the 15th of October, and continue until the last of February.

FACULTY.

L. M. LAWSON, M.D., *Prof. of the Theory and Practice of Med. and Clin. Med.*
JESSE P. JUDKINS, M.D., *Prof. of Anatomy.*
GEORGE C. BLACKMAN, M.D., *Prof. of Surgery and Clinical Surgery.*
GEORGE MENDENHALL, M.D., *Prof. of Obst. and Dis. of Women and Child.*
JAMES GRAHAM, M.D., *Prof. of Materia Medica and Therapeutics.*
C. G. COMEGYS, M.D., *Prof. of the Institutes of Medicine.*
H. E. FOOTE, M.D., *Prof. of Chemistry.*
THOMAS WOOD, M.D., *Prof. of Microscopic and Surgical Anatomy.*
JOHN A. MURPHY, M.D., *Adjunct Prof. of Pract. of Med. and Clinical Medic.*
B. F. RICHARDSON, M.D., *Adjunct Prof. of Obstetrics, etc.*
WM. CLENDENIN, M.D., *Demonstrator of Anatomy.*

CLINICAL INSTRUCTION.

The Faculty are determined to devote much time and attention to Clinical instruction. The patients of the Commercial Hospital and City Dispensary (which are under the exclusive control of the Medical College of Ohio), will be examined, prescribed for, or operated upon *daily* in presence of the class. Opportunity for witnessing cases and operations at St. John's Hotel for Invalids will also be presented.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be abundant.

FEES.

Professor's Tickets,	$80 00
Dissecting Ticket,	6 00
Hospital Ticket,	10 00
Graduation Fee,	25 00

At the close of the Session, the Faculty will elect from the class seven House Physicians, to reside in the Hospitals and Dispensary for one year.

For further information, call at the College on Sixth street, between Vine and Race; or address the Dean.

L. M. LAWSON, M.D., Dean,
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" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
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Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
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Chicago, July, 1858.

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"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
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ORIGINAL COMMUNICATIONS.

ARTICLE I.

REPORT OF THIRTEEN CASES OF UNUNITED FRACTURE, TREATED BY SUB-CUTANEOUS PERFORATION OF THE BONE.

BY DANIEL BRAINARD, M.D.,

Prof. of Surgery in the Medical College of Chicago, Corresponding Member of the Society of Surgery of Paris, of the Medical Society of the Canton of Geneva, Switzerland, of the Rhode Island State Medical Society, etc., etc.

In the spring of 1854, I had the honor of submitting to the American Medical Association an essay on the treatment of false joint and delayed union of fracture by a new method. The committee of the association awarded the annual prize to this essay. It contained, besides the experiments and reasoning on which the method is based, a report of cases treated by the method proposed.

Since the publication of that essay, a more extended experience has enabled me to form a more just appreciation of the value of the treatment proposed, to ascertain its advantages and defects, and to suggest some improvements in the manner of its performance. I think it due to the profession, as well as to myself, that the results of this practice should be fully and fairly laid before the public. It will be seen by the result of

the cases herein detailed, that the views formerly expressed concerning the efficacy and safety of the operation are in the main confirmed. It may be noticed, also, that in those cases in which this operation did not succeed, others more severe also failed.

As was to be expected, several surgeons discovered that this operation was not new; that they had themselves performed it with bistouries, gimlets and other instruments quite incapable of being made to penetrate sound bone; and they have accompanied the publication of their claims to priority with comments more or less unjust.

For this reason, I hope to be pardoned for repeating here what was written in the preface of my first publication on the subject, page 8: "When I speak of novelty, let no one impute to me the pretension to have been the first to attempt to institute a similar treatment. On the contrary, I recognize with pride that many surgeons have before me attempted the same object." Among these I cited at different times: Sir Charles Bell, who suggested but did not perform it; Blandin, who used a bistoury, and whose patient is said to have died of hemorrhage; Guerin, who has done so much for sub-cutaneous surgery, and who filed the ends of the bones; Sanford, of Iowa, who came nearer to my method than any other surgeon, and Miller. Of all these attempts I was in ignorance when I first performed my operation, but became aware of them before making my experiments public. The profession was equally in ignorance of them. At the present time, not one of these methods is, as far as I can learn, resorted to. It is, therefore, not too much to claim, that the instrument, the method of using it, and the principle upon which it acts, are of my own discovery.

I. UNUNITED FRACTURE OF THE HUMERUS.

Four of the cases which have fallen under my care were ununited fractures of the humerus. As these are among the most intractable of all, they are therefore the severest tests of the value of any method of treatment.

Case 1. Ununited fracture of the humerus, of four months' standing. Two perforations of the bone. Cure in one month.

P. P., a mechanic, of good constitution, aged thirty years, received, October 3d, 1856, an oblique fracture of the humerus, immediately below the attachment of the tendon of the pectoralis major muscle. The injury was severe, and although the fracture was not compound, there was great contusion of the member, and a wound existed behind the olecranon process which extended to the bone. Dressing performed with great care in the usual manner, a pad being placed between the arm and thorax.

Everything progressed favorably, and, at the end of three weeks, the wound of the elbow was cicatrized, and considerable firmness in the fracture, which was in perfect apposition. At this time, the patient, who was a carpenter, and employed as a watchman about a building, fell about six feet, breaking up all adhesion, and displacing the fragments. The dressings were readjusted, and at the end of about four weeks more, the union had taken place. At this time, he received another injury, refracturing the bones and displacing the fragments.

From this time, there was no tendency to union; the upper fragments projected, and although the arm by careful measurement was one-eighth of an inch longer than the other, the apposition of the fragments was with difficulty and somewhat imperfectly maintained.

The treatment was, however, persevered in until 13th Feb., 1856, over four months after the first accident, when, as there was no tendency to union, Drs. N. S. Davis, W. B. Herrick, J. W. Freer and C. Duck, were asked to give their advice in the case. They recommended the sub-cutaneous perforation of the bone, which was done in their presence, in the following manner:

With a medium-sized perforator I penetrated and traversed the fragments in three different directions, viz: horizontally, obliquely upwards and obliquely downwards. The dressings were applied with great care.

Feb. 23*d.* Dressings removed, and there being no tenderness at the seat of fracture, the operation was repeated with a larger-sized instrument, and the wounding of the adjacent surfaces of the fracture effected more extensively. The dressing was reapplied with great care. On the 30th, union was found to have taken place.

Case 2. Ununited fracture of the humerus, of eight months' standing. Four operations by perforation.

H. C. P., aged twenty-nine years, of good constitution, a resident of Nebraska Territory, received, in Sept., 1855, a gun-shot wound from a large musket ball, which fractured and extensively comminuted the left humerus about the middle, lacerating the soft parts extensively. The ball entered the fore part of the arm, and passed out behind. The swelling and tenderness were such, that splints were at first very imperfectly applied. Several abscesses formed about the point of fracture and as high up as the shoulder, and fragments of bone were discharged from time to time.

He presented himself to me, April 16th, 1856, more than seven months after the accident. There was no tendency to union. A fistulous opening existed at the point of entrance of the ball, from which healthy pus was discharged. On passing a probe through this opening, numerous fragments of bone were met with, lying between the fractured extremities.

Having enlarged this opening with the bistoury, I removed four of the fragments. They were of large size, and composed of the compact structure of the bone. Two of them were each over an inch in length. The usual dressing, composed of four splints of wood, were then applied, and continued with care for eight weeks. At the end of this time, the wound had cicatrized, but there was no tendency to union. The loss of bony substance was in this case so great, that there was no overlapping, but the extremities of the fragments were rounded and lay nearly in contact with each other.

June 1*st*, 1857. I passed down upon the point of fracture a large sized perforator, and directing it first upward, penetrated the upper fragment deeply at two different points, then separated, by scratching, its fibrous covering. This treatment was repeated upon the lower fragment without withdrawing the instrument, but directing its point downward. It was then withdrawn, a piece of adhesive plaster applied on the point of puncture, and the splint and bandages reapplied as before.

This operation was repeated three times, at intervals of ten days. After the second puncture, a commencement of union was

perceptible, and he left, August 31, 1856, to attend to some business at a distance. At this time, the arm was examined by Dr. J. C. Morfit and others, and union found far advanced.

Since writing the above, I have learned that the patient went under the care of another surgeon, and had a seton inserted without benefit.

Case 3. Ununited fracture of the humerus, of six months' standing. Five operations by perforation. Cure in six weeks.

C. N., aged twenty-four years, a young man of good health, received, June 2d, 1855, a simple fracture of the lower third of the right humerus, by a fall from a carriage. He states that it was dressed with pasteboard splints only four inches in length confined by a roller. This treatment was continued about three months, after which it was left entirely without dressing.

Dec. 12*th*, 1855. The fracture could be distinctly felt to be very oblique, but not much overlapped. The bone bent freely in every direction, but the fractured surfaces did not glide upon each other. I perforated the extremities of the fragments in two different directions where they overlapped, and applied the splints of wood as usual. This treatment was repeated four times, at intervals of one week. On removing the dressings, Jan. 28th, 1856, union was found to have taken place. The splints were, however, continued a week longer, when they were removed.

Case 4. Ununited fracture of the humerus, of five months' standing. Treatment for five weeks by six perforations. Use of seton and resection without benefit.

Patrick Gavin, of Waukegan, Ill., received, Nov. 20th, 1856, a simple fracture of the left humerus, below the middle, and at the same time a fracture of the left tibia.

The latter fracture united at the usual time, but the former, Feb. 26th, 1857, showed no tendency to union. The tissues of the arm were flabby, and the ends of the fragments glided freely in any direction.

Perforated the ends of the fragments freely, and applied splints, with the forearm extended, this being the only position in which immobility could be preserved.

March 10*th*. Removed splints, and repeated the operation.

March 25*th.* Repeated the operation; much less mobility.

April 5*th.* Repeated operation; considerable firmness.

April 13*th.* Repeated operation; movements very slight.

Aug. 6*th.* A seton was placed between the ends of the fractured bone this morning. The seton consisted of four threads of cotton.

Aug. 7*th.* Some pain and swelling.

Aug. 8*th.* Suppuration commenced around the seton.

Aug. 11*th.* The seton was removed to-day. The patient has suffered much pain and swelling from its introduction. The inflammation is very severe. Splints were carefully applied, and continued for four months. Fistulous openings remained for two months. No tendency to union.

Feb. 6*th*, 1858. A vertical incision having been made down to the ends of the bone, they were removed to the extent of one-fourth of an inch from each extremity. A dressing was applied, consisting of splints placed one upon the internal, anterior and posterior sides of the arm with rollers. The wound was filled with lint, in order that it might heal from the bottom.

Feb. 7*th.* Very severe symptoms, both local and constitutional, followed the operation. The arm was much swollen and very painful. The patient was affected with nausea and vomiting. The dressing upon the arm was loosened and an evaporating lotion applied. Quiniæ sulph. and morphiæ sulph. were administered internally, together with broths.

Feb. 8*th.* Patient somewhat better this morning. Continued same treatment.

Feb. 10*th.* Patient better. The swelling in the arm having somewhat subsided, the dressing was removed and carefully reapplied. The wound has commenced to suppurate. An opening was left in the dressing so that the wound might be dressed each day.

Feb. 16*th.* The dressing was removed this morning; wound granulating; no tendency to union.

Feb. 20*th.* Arm examined; no tendency to union.

March 1*st.* The wound made in the arm has healed. The fracture still movable. Four splints were applied this morning, one upon each side of the arm, extending from the shoulder to the elbow, with a starch bandage.

March 15*th*. Dressing removed; no union. Dressing carefully reapplied.

April 10*th*. Arm examined again this morning; no *union*.

May 10*th*. Two sheet-iron splints made to fit the arm were applied, which the patient still wears, no union having taken place.

II. FIVE CASES OF UNUNITED FRACTURE OF THE FEMUR.

Case 5. Ununited fracture of the right femur of five months standing. Treatment by eleven perforations during five months. Cure.

Frederick Gaylord, of Wisconsin, aged thirty-five years, of delicate health, received, January 17th, 1855, an oblique compound fracture of the right femur, a little above the middle. This, according to his account, was dressed by the application of short wooden splints around the thigh, secured by many turns of a roller applied very tightly. No extension was used, and no roller upon the leg. This treatment was continued for five weeks. When the splints were taken off, there was great excoriation of the knee from pressure. Œdema of the leg and foot. The opening in the skin was healed.

He entered the hospital of the "Sisters of Mercy," at Chicago, April 25th, 1855, under the care of Dr. Johnson, the surgeon in attendance at that time.

June 1*st*, 1855. Came under my care. The member was found shortened about two and a half inches, notwithstanding Dr. Johnson had applied suitable splints with extension and counter-extension. The whole member œdematous. Cicatrices about the knee, and one on the anterior part of the thigh, from the protrusion of the upper fragment lying in front of the lower, and much overlapped. No commencement of union, but free gliding and bending. Patient's health poor, emaciation, pallor of the surface, no appetite.

I dressed the member with much care in the straight position, using the dressing of Dessault, perforating the bone from before backwards in three different directions. Directed a nourishing diet.

In boring the bones, it was noticed that when the perforator

had passed through one fragment, it slipped about a quarter of an inch before touching the other.

June 13*th.* Repeated the same operation at a different point. Fragments seemed half an inch apart at the point perforated.

June 24*th.* Repeated the operation.

June 29*th.* Repeated the operation. Inadvertently, the puncture was made on the cicatrix, and four days afterwards it was found that an abscess had formed at that point. This was opened, and as the pus was serous, the cavity was washed out with sul. copper, four grains to the ounce of water.

July 27*th.* Abscess quite healed.

Aug. 24*th.* In order to avoid the vicinity of the abscess, the perforation was made from the outside of the thigh; the instrument then passed between the fragments, which seemed not to touch each other at any point. Denudation of the surfaces was effected to as great an extent as possible.

At this time, I first learned that the patient had been in the habit of discharging with the urine a large quantity of phosphatic gravel; nitro-muriatic acid was prescribed.

Sept. 8*th.* Repeated perforation from the outside in the same manner.

Sept. 28*th.* Perforated from the anterior surface.

Oct. 18*th.* Repeated last operation.

Nov. 3*d.* I used a larger sized perforator, and pressed it five times through the bone without withdrawing it from the skin. Space between the bones evidently becoming filled with more solid substance. This was the last operation. There was much firmness.

Dec. 18*th.* Removed all the dressings; union perfect.

This case presented such a combination of unfavorable circumstances as to render it one of the most difficult I have met with.

I saw Mr. Gaylord, in Jan., 1858, in good health, with a good and useful limb.

Case 6. Ununited fracture of the femur, of four months' standing. Four operations. Cure in six weeks.

Peter Mullen, aged fifty-six years, entered the Mercy Hospital for a simple oblique fracture of the right femur. It was

dressed in the usual manner. Soon after, he fell into a severe paroxysm of epilepsy, which continued over an hour, and displaced the dressings. These were readjusted without delay, but an attack of typhoid fever supervened, which lasted about four weeks. He then convalesced slowly.

At the end of sixteen weeks, there was not the slightest commencement of union. At this time, Oct. 20th, 1854, I perforated the extremities of the fragments and reapplied the dressings.

Oct. 29*th.* Repeated the operation, using a large sized instrument, and passing it in laterally.

Nov. 10*th.* Repeated the operation; considerable firmness.

Nov. 18*th.* Repeated perforation; union greatly advanced; tenderness at the seat of fracture.

Dec. 1*st.* Union perfect.

Case 7. Ununited fracture of the femur, of four months' standing. Cure by four perforations.

A healthy young man entered the Mercy Hospital in July, 1854, with a simple fracture of the left femur. I have not been able to obtain the notes of this case, which was under the care of Dr. Johnson, one of the surgeons of the Hospital. He came under my care in October, when I found he was being treated by my method. After four months of treatment by the straight apparatus of the Hospital, during which there was no union, Dr. Johnson bored the bones at three different times, and, Nov. 1st, there was considerable firmness, which increased till perfect union was effected.

Case 8. Ununited fracture of the femur, of five months' standing. Cure in four weeks by one operation.

Daniel Sullivan, aged thirty-six years, a laborer, of good constitution, placed himself under treatment for an ununited fracture of the left femur, at the junction of the upper with the middle third, June 19th, 1858.

History.—Five months previous, viz: on the 26th day of January, 1858, he was thrown suddenly and violently from the railroad track, together with a hand-car upon which he was riding at the time, down an embankment, and by the fall received a fracture of the femur, besides several other bruises upon

different parts of his body. The limb was dressed in the straight position, and allowed to remain thirteen weeks, when the dressing was removed, the attending surgeons supposing the fracture had united. In one week after the removal of the splints, the member was examined, and the fracture found to be movable. The patient at this time came under the care of Drs. White and Lake of Iowa City, who applied a starch bandage, and allowed it to remain five weeks, when it was removed. The fracture was still ununited. The limb was then dressed in the straight position, and allowed to remain two weeks, when he came to Chicago by railroad, a distance of over two hundred miles.

Present State.—The fractured extremities move readily upon each other. Quite a degree of angularity exists outwardly, with one and a half inches shortening. The muscles of the limb are somewhat atrophied. The patient is in good health.

Treatment.—June 20th, 1858. A perforator was passed in three different directions between and through the ends of the bone, and the limb was dressed with Dessault's splint. The patient was directed to keep as quiet as possible.

June 22d. The patient complains of some soreness in the part. Says it is a "burning pain."

June 27th. The splint was removed, and the limb examined; a good degree of firmness perceptible. Still complains of some pain, especially upon pressure or motion. Splint reapplied.

July 4th. The limb examined again this morning; improvement very perceptible since the last examination.

July 11th. Improvement still going on.

July 18th. The limb was examined; found to be united. The dressing has not been removed as yet, in order to guard against accident.

July 31st. Dressings removed; consolidation perfect.

III. THREE CASES OF UNUNITED FRACTURE OF THE TIBIA.

All experience bears testimony to the greater facility of treating fractures of the tibia and fibula, and of the radius and ulna, by ordinary means, than of the femur and humerus; yet, while these latter may be considered the severest tests of any method of treatment, the former are not without great importance, and

have peculiarities which render it necessary to study them in detail.

Case 9. Ununited fracture of the tibia, of four months' standing. Cured in two weeks by one perforation.

—— Casey, a laborer, entered the Mercy Hospital about the end of August, 1858, for an ununited fracture of the left tibia, of over four months' standing. He had been under the care of Dr. Charles Duck, and seemed to have been treated with great caution and skill, as the apposition was perfect and the movements but slight. As both the Doctor and the patient himself were decidedly of the opinion that the union was less firm than it had been a month previously, I passed a perforator in three different directions through the ends of the bones, and applied a carved splint with a foot-piece. At the end of two weeks the consolidation was perfect.

Although the slight movements which existed in this case, and the rapidity of the union, favor the supposition that it might have occurred without any operation, yet, considering the good treatment which it had received, and that the firmness was less than it had been, there seems no probability that it could have occurred without very great delay.

Case 10. Ununited fracture of the tibia, of five months' standing. Cured in five weeks by four perforations.

D. B. French, of Wisconsin, received, May 9, 1856, a double comminuted fracture of both bones of the leg. He was twenty-five years of age, and of good constitution. The upper fracture was seated four inches below the knee, and the lower four inches above the tarso-metatarsal articulation. The fracture had been extremely well adjusted immediately after its occurrence, and a union obtained of both bones at the upper fracture and of the fibula below. The tibia, however, did not unite at that point, notwithstanding the care bestowed upon him by Dr. Gordon, under whose treatment he was at the time.

Oct. 20*th*. More than five months after the accident, he came under my care. A perforator was passed in three different directions through and between the ends of the fragments; a carved wooden splint with a foot-piece was applied to the back part of the leg, and carefully secured by a roller.

Oct. 29th. Bored the ends of the bones and passed the instrument freely between them.

Nov. 5th. Repeated operation; considerable tenderness.

Nov. 25th. Removed dressings; consolidation complete.

CASE 11. Ununited fracture of the tibia, of seven months' standing. Cured in four weeks by four perforations.

Edwin Porter, of Wisconsin, aged twenty-one years, of good constitution, received, August 13th, 1856, a simple fracture of both bones of the right leg, a little above the middle. It appears to have been well adjusted, but, March 31st, 1857, the tibia was still ununited. The treatment was in every respect the same as in the preceding case, and in four weeks, no movements were perceptible.

IV. TWO CASES OF UNUNITED FRACTURE OF THE ULNA.

CASE 12. Ununited fracture of the ulna, of over three months' standing. Two perforations; cure in twenty-two days.

Patrick Madden, a laborer, was admitted into the Mercy Hospital, April 3d, 1854, on account of very extensive wounds received from pieces of rock, projected by the explosion of a blast. This case came under my care, May 10th succeeding. The laceration of the soft parts had prevented the coaptation of the fracture; the upper fragment projected beneath the skin, and did not touch the other. I applied splints in such a manner as to press the upper piece into its place, and retained them for nineteen days. Finding at the end of that time that there was no commencement of union, and that the pressure of the splints was painful, I perforated the bones transversely, May 27th, near twelve weeks after the fracture. Dressings replaced.

June 8th. Repeated the puncture, perforating the bone in three different directions.

June 18th. Removed the dressings; union perfect.

CASE 13. Ununited fracture of the ulna, of eighteen weeks' standing. Two perforations. Cure in four weeks.

P. M., aged thirty-five years, received, May 16th, 1854, a fracture of the left ulna, with dislocation of the radius forward.

The fracture had been produced by a blow of a piece of wood, and extended into the sigmoid cavity and downward about two inches.

The subject of this accident was a drunkard of the lowest class, and the injury was not treated in any manner for about four weeks. At the end of that time, an angular splint was applied on the foreside of the member, and the bones pressed somewhat into their places, and roller applied. This treatment was continued for five weeks, and union seemed to have taken place, when the patient fell and reproduced the fracture.

He was then without any treatment until Oct. 1st, 1854. At that time there was no union. The lower fragment was not in contact with the upper, and the head of the radius was partly removed from the articular surface of the humerus.

At this date, I perforated the fragments repeatedly with the small sized instrument, and applied angular splints on the palmar surface of the member.

Considerable tenderness resulted from this operation, and some swelling.

Oct. 12*th.* The tenderness and swelling having subsided, repeated the operation.

Oct. 28*th.* Removed the dressing; union seemed perfect.

Nov. 15*th.* No movements perceptible at the point of fracture.

Reflections.—It will be noticed that in all the above cases no serious accident occurred. In one, a small abscess, and in another, a subject of bad constitution, some swelling, resembling erysipelas, which, however, soon subsided. These were the most serious results of about sixty perforations. We may therefore assert, with great certainty, that this operation, unless performed upon patients in a condition unfit for any operation, is entirely safe.

It will also be noticed, that, while in cases of fracture of the tibia, where apposition is perfect and the movement slight, a single perforation speedily induced union in a few days; on the other hand, fractures of the humerus and of the femur did not, in most cases, require less than four operations, nor unite in less than four weeks, while one required five months and eleven perforations to effect a cure, and another did not unite at all.

My practice at present is to commence the treatment by two or three perforations of the bone through a single opening of

the skin, using an instrument of small size, repeating this every ten days or two weeks, gradually increasing the size of the instrument and the extent of the wound of the bone, until tenderness and some swelling are induced. I have very uniformly found that when pain and throbbing are felt in the seat of fracture, union has commenced.

Direction of the Perforator.—That point and direction of puncture should be chosen which affords the easiest access to the bony surfaces with least exposure of vessels. In many cases of oblique fracture, traversing the bones answers well. In others, as of the tibia, I have found that following the direction of fracture is best. In others, still, when the ends are not perfectly in contact, I make a perforation between, and direct the instrument first in one direction, then in the other; while in others, still, the instrument can be passed most readily between the bones and attack them at the side.

Size of the Instrument.—In cases of ununited fracture of the tibia, or radius and ulna, where the ends are in contact and the wounds slight, I use a perforator no more than two or three *millimetres* in breadth; while, in old cases, situated in the femur and humerus, and when there is great mobility, it is as well to use an instrument one-eighth of an inch and over in breadth. In such cases, very extensive wounding and perfect denudation is required. It was not found that the bones had in any case lost their natural feeling of density.

Causes of Want of Union.—In all the above cases, the causes of non-union were imperfect apposition, or a dressing admitting of too great mobility, or accidents producing displacements, or indocility of the patient. In three of the cases, the fragments were separated from each other by a sensible space, as shown by the instrument in perforating them. It is especially to be noticed, that the most efficient means for securing immobility were in every case conjoined with the treatment by perforation. These means were such as are generally known and used.

ARTICLE II.

RESECTION OF TWO AND A HALF INCHES OF THE LOWER END OF THE OS HUMERI, THE SAME EXTENT OF THE UPPER END OF THE RADIUS, AND NEARLY ALL THE ULNA. RECOVERY, WITH A USEFUL MEMBER.

BY DANIEL BRAINARD, M.D.,
Prof. of Surgery in the Medical College of Chicago, etc., etc.

Owen Anderson, aged twenty-six years, Norwegian, a strong, muscular man, consulted me, May 25th, 1857, for a scrofulous disease of the right elbow joint.

Present State.—The arm is wasted, and fixed in nearly a straight position; the elbow is greatly enlarged, tender to the touch, and incapable of being moved in any degree, the attempt causing great suffering; the integument about the joint is stretched and shining; the veins are enlarged and filled with dark blood. There are two fistulous openings on the ulnar side of the arm, both communicating with the joint, from which a sero-purulent fluid is constantly discharged. The patient is unable to supinate or pronate the hand. Flexion and extension of the wrist and fingers can be performed only in an imperfect manner, The ulna is enlarged throughout nearly its whole length.

History.—The patient states that two years ago he sprained his right elbow joint by having it caught in the machinery of a saw mill. A good deal of swelling and pain followed the injury. These gradually subsided under the application of evaporating lotions, fomentation, etc., so that the patient was able to return to his employment at the end of three weeks; the joint, however, remained tender and painful, especially at night, for two years, the patient in the meantime following his usual occupation, that of a sawyer. At the end of this time, the joint became suddenly very painful and much swollen, so that he was compelled to leave his work and confine himself to his room. Suppuration soon commenced about the joint, and openings were formed; there was loss of appetite and chills. Very little treatment was used during this time, and the patient continued to get worse, the joint all the time enlarging, and being more or less painful up to the present time.

Operation, May 26th.—The patient having been placed fully under the influence of chloroform, a transverse incision was carried across the back of the articulation, immediately above the olecranon, from the ulnar nerve to the external condyle, and two longitudinal incisions through the extremities of the transverse, so that the incision altogether had the form of the letter H. The flaps thus formed having been dissected freely back, so as to expose the joint, the olecranon was first removed with the saw; then the internal lateral ligament was divided, and the ulnar nerve pushed over the internal condyle, and two inches of the head of the humerus was removed with the saw; and, lastly, the ends of the radius and ulna were also removed to the extent of two and a half inches. No vessels required ligation. The incisions were closed with the interrupted suture, and water dressings applied, and the arm placed in a flexed position in a trough-like tin splint; one quarter of a grain of morphia was administered, and the patient placed in bed.

Everything went on favorably, the arm being dressed at intervals of two days, with pads of dry lint and a figure of eight bandage, as at the time of the operation, the stitches being removed as they became loose by ulceration, and strips of adhesive plaster substituted till union had become perfect.

On the 28th of June, little more than four weeks after the operation, the elbow was entirely healed. At that time, the arm could be bent and extended nearly to the full extent, and passive pronation and supination were almost perfect.

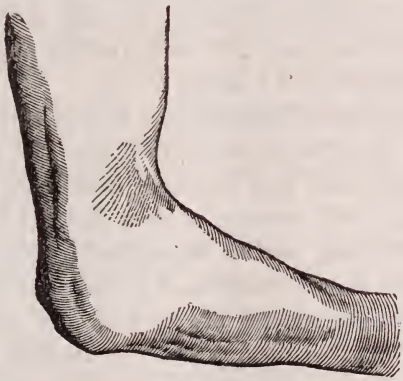
July 25th. Patient called at the office this morning; is able to bend and extend the forearm two-thirds of the limits by voluntary motion, and had very considerable power of supination and pronation. The arm is still gaining strength, and within the last few days he has been able to carry a pail of water in that hand. There still remained, however, a fistulous opening at the point where the ulna had been divided, and the enlargement of this bone was so great as to determine me to remove it.

Accordingly, August 12th, the operation was performed. An incision having been carried along its superficial surface to within three inches of the wrist, and down to the bone, a blunt instrument was insinuated between the bone and periosteum,

and pressed backward and forward so as to separate their attachments. This was very readily done, and the ulna sawn across three inches above the wrist, where it was quite sound. This wound healed readily, and, Aug. 24th, there was only one small opening.

July 25th, 1858.—This patient paid me a visit. The wound has been perfectly healed for many months, and his health good. The forearm seems shortened to about half its former length. The upper end of the radius rests across the lower end of the humerus. Flexion and extension, to the extent of fifty degrees, are readily performed; rotation, and even lateral movements, to some extent, are also effected. The muscles of the member are well developed, and the patient has been receiving fair wages as a laboring man, and uses the member for feeding and dressing himself very readily.

The accompanying figure correctly represents the appearance of the member at the present time.



Remarks.—Since resection of the elbow joint was first proposed by Park in 1780, the operation has been performed so often as to have ceased to attract peculiar attention.

Cases are on record by hundreds, and notwithstanding occasional unfavorable results, the safety and utility of the operation are at the present time well established.

The great majority of these operations, however, only embraced the articular surfaces and extremities of a part or of all

the bones concerned in the elbow joint. It is but recently that surgeons have thought of removing the whole or the greater part of one of the bones of the forearm. Professor Carnochan has reported a case of removal of the entire ulna, and another of the radius, in both of which a useful member is stated to have been preserved. But from one case which has fallen under my observation, where the ulna had been removed entire, it might be inferred that amputation of the member would have been preferable.

Had I proposed in the first instance the removal of as much bone as was eventually taken out in this case, I should have advised amputation. The result, however, is a member not only useful but invaluable.

There is one point of interest in a physiological point of view, which must not be overlooked. It is the separation of the bone from the periosteum, in such a manner as to leave this membrane behind almost entire. This was done under the belief that the bone might be to some extent regenerated. The examples of necrosis of the phalanges of the fingers, and of the shaft of the long bones where new bone is formed, and the old eliminated or removed by operation, are familiar to all.

In this case, no part of the ulna has been regenerated. What is the reason? Had the whole shaft of the bone died, we know from ample observation that new bone would have been formed.

I have long ago had occasion to show that the function of the periosteum in forming and in regenerating bone is less considerable and not so well established as has been believed.*

I pointed out the sources of error in this respect, in the experiments of men so distinguished as Hunter, Duhamel and Fleurens. At present, I only call attention to the fact that isolating a long bone from its periosteum and removing it, leaving the periosteum behind entire (an operation which can, in some cases of disease of the bone, be readily performed), does not necessarily lead to a regeneration of bone.

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*Essay on the Treatment of Ununited Fractures and Certain Deformities of the Osseous System. Paris, 1853.

ARTICLE III.

TWO CASES OF HEPATIC ABSCESS, TREATED IN THE MERCY HOSPITAL BY W. H. BYFORD, M.D.

REPORTED BY E. O. F. ROLER, RESIDENT PHYSICIAN.

Michael F——, aged twenty-four, a native of Louxemburg, Germany, a tailor by trade and of temperate habits, admitted into the medical wards of Mercy Hospital, April 12th, 1858. Has never been of a robust constitution, and has a strumous appearance; but, with the exception of one or two attacks of ague, has always been exempt from any special disease.

History.—The first symptoms of his present illness made their appearance about ten weeks previous to his admission. A dull, aching pain was felt in the right hypochondrium, which rapidly increased in intensity, and was accompanied with febrile action of a high grade, pain in the right and left shoulder, hurried breathing, short, dry cough, inability to lie on either side, with nausea and frequent efforts at vomiting. Says his alvine evacuations have been of a "whitish color" from the beginning of his disorder. The general symptoms subsided after eight or ten days, but the pain and sense of tension in the right side continued to harrass and weaken the patient up to the time of admission.

Present Appearance and Symptoms.—Patient considerably emaciated; countenance dull and apathetic; skin and conjunctiva of eyes of a deeply jaundiced hue; tongue moist, and coated with a dark yellow fur; pulse small, compressible and frequent; bowels torpid, moving only when acted upon by purgatives. On examination, a well defined tumor is found to exist in the right hypochondrium, extending across the epigastrium and into the umbilical and right lumbar regions. An obscure outline of the right lobe of the liver can be traced along its boundary in the abdomen, and the whole surface seems slightly indurated and exceedingly tender on pressure. The tumor, externally, has a tense and glistening appearance, but there is no discoloration of the surface nor any of the characteristic signs of inflammation in the underlying textures. No

fluctuation perceptible; the extreme tenderness, however, prevents a satisfactory examination. Patient thinks he has had nothing like rigors, but has sweat freely at times during the last week or ten days, with evening exacerbations of fever.

Diagnosis.—Acute inflammation of the liver, resulting in suppurative abscess.

Treatment.—A poultice of ground flaxseed applied over the swelling; internally, hyd. sub. mur. gr. iij., divided into four powders, and given every four hours until the whole are taken; afterwards mag. sulph, q. s. to move bowels freely.

April 13th. Had two copious clay-colored evacuations during the night; restless and complains of inability to sleep, and a sensation of *tearing* when attempting to lie on either side. Appetite greatly impaired; thirst moderate; pulse this morning 104; has been sweating freely since three o'clock a. m. Ordered tr. cinch. ʒj. every six hours, to which add, at the time of taking, ac. sulph. ar. gtt. xv., and an opiate at night to procure rest.

April 14th. Late last night patient began to complain of sharp pains over the whole abdominal region; his pulse became thread-like and 148 per minute. He described them as "cutting pains," and most severe in the vicinity of the tumor, and radiating from it as a centre. Fomentations were applied, and morph. gr. $\frac{1}{3}$ was given at intervals, until the severity of the symptoms subsided.

11 *a. m.* Is yet suffering some pain; abdomen swollen, tense and painful on slightest pressure; pulse 124; breathing 35; position dorsal, knees drawn up.

Dr. B. remarked to the class present that the symptoms evidently indicated a change in the condition of the patient since the last examination. There are three different ways in which an hepatic abscess may terminate, all of which *usually* prove fatal.

1*st.* From contiguity of surfaces, there may be an inflammatory adhesion between the peritoneal coverings of the liver and abdomen, and the contents of the abscess find an exit externally.

2*d.* By the same process, it may find its way into some of

the thoracic or abdominal viscera, as the lungs, stomach and transverse colon.

3*d*. There may be an effusion into some of the serous cavities, as the pleura, the pericardium, or more frequently the peritoneum.

In the majority of cases, the first and second modes of termination prove fatal, and in the event of the last taking place, death would almost inevitably follow. Had any one of these results transpired in the case before us? To a certain extent the diagnosis was easy. Peritoneal inflammation of a moderately severe grade evidently existed, but was it of sufficient intensity to demonstrate the presence of an irritating fluid of any kind in the abdominal cavity? He remarked that an important fact was to be remembered during the suppurative process of an abscess, especially of that character. The breaking down of the textures and their solution were always preceded by a certain degree of inflammatory action, forming the *adhesive* stage in its progress through the part. Contiguous parts and organs would thus become agglutinated during this transition stage, and immediate effusion prevented. When this inflammatory action involved serous structures, the constitutional and local symptoms were always more or less aggravated. Might it not be of that character in the case before them? Might not an inflammatory adhesive action be going on between the peritoneal covering of liver and abdomen, and a consequent increase in the intensity of the symptoms? He was inclined to this opinion from two circumstances.

1*st*. There was no perceptible subsidence of the tumor, which ought to take place in the event of a discharge of the pus into the peritoneal cavity.

2*d*. The symptoms were not of as severe a grade as should be expected, and which would most likely occur under those circumstances.

Yet no positive diagnosis could be given then as to which of the two conditions did exist. In a very short time, however, there would be satisfactory evidences.

The previous treatment to be continued, with the addition of morph. gr. $\frac{1}{4}$ at sufficient intervals to keep the patient confortable.

April 15*th*. 8 *a. m.* Pulse 130; abdomen quite tympanitic, but not painful; has been sweating profusely; bowels constipated.

Ordered ol. ric. ʒvj., ol. tereb. gtta. xx. After bowels have moved, the tonic mixture to be given as before; also, pot. nit. gr. x., morph. sul. gr. ¼, every four hours.

9 *p. m.* Had a copious clay-colored evacuation during the day. Pulse 149; breathing 38; restless.

April 16*th*. 9 *p. m.* Pulse 158; breathing 40; tumor has increased in size; in great distress from distension and pain in the side. Treatment continued.

April 17*th*. Complains of severe pleuritic pains above the swelling over the whole right side of the chest.

On careful examination, a deep, obscure fluctuation can be detected in the prominent part of the tumor. As the symptoms were rapidly becoming more serious, from an extension of inflammatory action, and Dr. B. believing that a sufficient amount of adhesion had already taken place between the surface of the liver and the abdominal parietis, he determined to give it vent externally without further delay. A small trocar was thrust in at the point of fluctuation to the depth of a couple of inches, and a narrow opening made in the direction of the obliq. ext. muscle. Its withdrawal was followed by a rush of gas, intolerably fetid, and a quantity of dark, sero-purulent fluid, with which were intermingled minute, cheesy-looking particles and shreds, which, under the microscope, were found to be of a tuberculous character. About a pint and a half was discharged with a considerable lessening of the distension, to the great relief of the patient. A tent was then introduced, and a poultice of flaxseed applied over the whole surface. Ordered tr. cinch. ʒj., quin. sulph. gr. j., with ar. sul. ac. gtt. xv. every six hours.

April 18*th*. Became restless during the night, with symptoms of sinking. Gave brandy punch every hour or two until pulse came up.

9 *p. m.* Pulse 108. No discharge since yesterday; distension again taking place. Introduced a probe, which was followed by an emission of fetid gas, with the escape of six or seven

ounces of dark serous fluid, and a small quantity of healthy-looking pus.

April 19*th.* 9 *p. m.* Pulse 100. A small quantity of serous pus flows from the opening continually. Tonic treatment continued.

April 20*th.* The discharge being interrupted from a constant clogging up of the small aperture within, the knife was inserted the second time and the opening enlarged, which resulted in the immediate evacuation of a pint of thick, offensive pus.

May 11*th.* The patient has been kept on the same treatment since last date. A slight discharge from the abscess has taken place daily with occasional probing, but is gradually decreasing. Patient has improved in strength and appearance, sitting up several hours during the day, with moderately good appetite. His bowels have been torpid, but readily acted upon by mild purgatives, especially the salines. Dejections have all been of a light clay color. Quinine discontinued, and tr. cinch. with ar. sul. ac. given as before.

May 13*th.* Early this morning, while getting out of bed, the patient suddenly felt an increased flow from his side, and, on removing the cloths, found them saturated with a fluid of an intensely yellow color. On examination, it was found to possess an alkaline reaction, and to have all the properties of hepatic secretion, and oozing out continuously with the purulent matter from the opening.

Dr. B. remarked, upon his next visit, that the gall bladder had evidently given way under an extension of ulceration, as so large a discharge could not otherwise be accounted for.

May 14*th.* Had an evacuation of natural consistence, but of a chalky whiteness. Bile continues to pass out freely with the ordinary matters, which have almost entirely ceased.

May 16*th.* Discharge of bile continues.

Ordered a piece of oil silk to be laid over the fistula and compress applied, with a view of directing it again in its proper channel.

May 17*th.* Had a chill last evening, which lasted half an hour, and was followed with slight febrile reaction. Compress removed, and an ounce of viscid bile and pus escaped. Com-

press again applied. Bowels constipated. Ol. ric. ℥j. Afterward tonic treatment, as before.

May 21*st*. Complains of headache, want of appetite, and has become intensely icteric. Compress removed daily, and, on slight pressure, a quantity of bile and pus escapes—about equal parts of each—and occasionally a small quantity of transparent ropy fluid. Ordered quin. sulph. gr. xv., divided into four parts, and given at intervals during next twenty-four hours.

June 2*d*. The icteric hue, which had almost entirely disappeared, has returned with greater intensity than before. A deep yellow coat on the tongue, and the patient's saliva, which is secreted abundantly, has a perceptible yellow tinge. Bile is also detected in his urine. Fistula discharging pus, but no bile.

June 3*d*. Last night, was seized suddenly with an excruciating pain in the right hypochondrium, extending into the epigastrium, and a heavy pain also in the lumbar region. His pulse became slightly increased in rapidity, but compressible, and the skin moist and not above the normal temperature. The distress was evidently caused by the passage of a calculus along the biliary duct. Patient continued to suffer exceedingly for a couple of hours, with knees flexed on the abdomen, and able to lie only on the right side. Applied fomentations of hops, and gave morph. gr. ¼ at short intervals, until he became quiet. Ordered this morning,

Hyd. sub. mur.,	gr. iv.
Sod. bi-carb.,	℈ij.
Morph. sulph.,	gr. j.

Divided into four powders, and give one every three hours; afterward, the tonic mixture as before.

June 9*th*. Pain in side; anorexia and restlessness. There has been no discharge of bile for several days, but an increase of healthy pus, and a constant flow of the muco-watery fluid spoken of previously. Yellow hue of the skin continues. Probed the fistula thoroughly, to induce a reflow of the biliary secretion, which has evidently been obstructed in its passage through the fistula, and is the consequent cause of an aggrava-

tion of symptoms. Prescribed nit. ac. ʒj., aqua ℥ij. Give ʒj. every six hours, instead of tr. cinch. and elix. vit.

June 10*th.* Bile again flowing out. Patient slightly better.

June 15*th.* Had an evacuation this morning of nearly natural appearance. The icteric hue is disappearing, and the patient seems to be gradually improving in every respect.

June 25*th.* Is able to walk out of doors, but complains of a dragging sensation in the right side, which is relieved by wearing a supporting band. Stools are slightly bilious, but not entirely natural. But little discharge of any kind.

July 2*d.* Feels well. Has concluded to go home, but will continue to use the nitric acid mixture for a couple of weeks yet.

Aug. 3*d.* Called at the office to-day in fine health and spirits. The fistula has closed up entirely, and there is no pain or tenderness on moderate pressure. Says he feels as if something bound him in the side when standing erect and throwing his head and shoulders backward; otherwise, he feels as well as he has ever been.

During the time the patient was icteric, or the bile flowed through the fistula freely, no evidence of bile existing in the fæces could be detected upon common examination. From the time it began to greatly diminish in flow, the patient was jaundiced, and he suffered under the poisoning influence of bile in the circulation; this latter subsiding gradually, as yellow fæces began to make their appearance.

Case 2. J. T., about thirty years of age, an Irish laborer, of dissipated habits, admitted July 9th, 1858. Had generally enjoyed good health, until within the last year his constitution had become weakened from exposure and excessive use of alcoholic drinks.

History.—Three months previous to his admission, he began to complain of a dull, heavy pain in the right hypochondriac region, accompanied with loss of appetite and impaired digestion, which, in a short time, debilitated him to such a degree, that he was compelled to abandon his daily labor. A gradual accession of other morbid symptoms succeeded, and, at the end of eight weeks, he was unable to leave his bed. At about this

stage of the disease, an indurated swelling was observed at the seat of pain in his side, which continued to enlarge, and, at the time of admission, the painful distention seemed to constitute the chief distress of the patient. Has had but little medical treatment, and been but indifferently supplied with the means requisite to comfort, being at one time an inmate of the county house.

His condition at time of admission is one of extreme emaciation. Eyes are sunken; upper lip retracted, and countenance expressive of the most intense suffering. Tongue coated with a brown fur; breathing rapid; pulse feeble and frequent; skin sallow, and bathed in a profuse cold sweat. Is able to lie only on the right side with knees flexed, and is tormented with a constant vomiting of dark bilious matters. Bowels obstinately constipated. A large fluctuating tumor distends the epigastrium and right hypochondrium, and encroaches on the diaphragm, preventing its descent during inspiration. On applying the ear, a well marked friction sound is audible over the whole surface, showing an absence of adhesion between it and the abdominal parietis.

The patient's greatest distress arises from a constant dragging down, and a sensation as if some of the membranes or viscera were being torn from their attachments within the abdomen.

Diagnosis.—Inflammatory enlargement of the liver, with extensive abscess. The prognosis being hopelessly unfavorable, little else than palliative treatment was deemed advisable. A poultice, wet up with an infusion of aconite, was placed over the tumefaction; internally, hyd. sub. mur. gr. ij., rhei. pulv. gr. xv., every two hours until the bowels move.

July 10*th.* Much the same; had an evacuation of hard, brown-colored fæces.

Prescribed morph. gr. $\frac{1}{4}$, every three hours; also, pot. iod. ʒj. aqua ℥ij., dose ʒj. every four hours.

9 *p. m.* More comfortable and dozing.

July 11*th.* About midnight was seized with lancinating pains over the whole abdomen, which became tympanitic and exceedingly tender to the touch. Patient has continued in extreme agony, notwithstanding large doses of opiates internally and

anodyne fomentations locally; pulse almost imperceptible; giving brandy with morph., frequently repeated.

July 12th. Died at three o'clock this morning.

Autopsy, ten hours after death.—The peritoneal membrane showed evidences of intense inflammation, and its cavity was filled to the utmost tension with effused fluid, with which were intermingled a quantity of dark purulent matters and shreds of coagulated lymph. The liver was the only organ examined. The left lobe was slightly larger than normal, very firm and elastic to the touch. The gall bladder contained an ounce of greenish viscid bile. The right lobe was enormously enlarged, occupying the whole right hypochondriac, the epigastric, umbilical and right lumbar regions, and pressing upwards on the diaphragm. Slight adhesions had taken place along the outer border of the lobe, and at a little to the right of the centre of the convex surface—which was a mere film in depth—a small opening existed, about the size of a large crow quill, leading to an extensive abscess, containing about three pints of dark, thick, fetid pus. Through this opening the contents had found an exit into the peritoneal cavity, and produced death from the inflammation and effusion consequent upon its irritant action.

ARTICLE IV.

REPORT OF A FOREIGN BODY IN THE ŒSOPHAGUS, AND ITS TRANSIT THROUGH THE ALIMENTARY CANAL; QUICK AND SAFE RECOVERY.

BY J. W. REDDEN, M.D., OF WAPELLA, DE WITT CO., ILL.

(Read before the DeWitt County Medical Society, at the Quarterly Session held in Mount Pleasant, on Monday, July 5, 1858, and published at the request of the Society.)

MR. CHAIRMAN AND GENTLEMEN,—I propose offering a brief report of a case, which to me seems quite interesting and rather anomalous; and, in doing so, I trust you may be amply repaid for the time and attention it may occupy. It relates to the enlodgement of a foreign body in the œsophagus, and its transit through the alimentary canal.

Of all the varieties of disease which are chronicled in the

nosology of the medical science, perhaps there are none which are attended with such immediate and alarming symptoms, and which call forth so extensively the sympathy and anxiety of bystanders, as *foreign bodies* in the air passages and alimentary canal. It is a time when parents and friends are agitated, confused and boisterous. It is then the physician's skill and ability are tested. It is then judgment and discrimination are valuable; for he is called upon to act promptly, boldly, correctly. All eyes are centered upon him. Hopes and fears commingle. He must calm their commotion, quiet their fears, and exert his professional ingenuity in his unceasing efforts to rescue a fellow-being from impending dissolution.

On Monday morning, May 17, 1858, about ten o'clock a. m., was called, with Dr. Wright, to see an infant. The messenger was in great haste, much agitated, and stated that the child had just swallowed a piece of glass and was nearly suffocated. In a few minutes we reached the house, being but a short distance from our office. Found that the babe had been quite asphyxiated, but had just become relieved from the intense paroxysm. It was a girl ten and a half months old. The mother had left the babe playing with its sister, and in a few moments returned to find her child in an alarming condition. Respiration slow and very laborious; child restless and much agitated; deep and dark venous congestion of the neck and face: in fact, animation was nearly suspended. It rolled to and fro, gagged, and made some efforts to vomit, when instantly a favorable change occurred. The paroxysm abated, its face assumed its natural hue, she became calm and nursed readily. We ascertained from the little girl that her sister had swallowed a piece of glass. From her description, we supposed it a long, narrow piece of window glass. A careful examination of the throat revealed nothing unusual. We gave it as our opinion that the foreign body had passed into the stomach. The mother was assured that for the present she need have no fears, and we advised her to watch the evacuations, for in all probability she would find, in a few days, the glass had passed impacted in the fæces. At the time, her health was very good, the bowels regular, and the fæces of natural consistence. Hence, we ad-

vised no medication, but requested the mother to be watchful, and if any alarming symptoms arose, straightway to make it known.

Now, some may suppose that here is a proper occasion to interpose an objection, and suggest that this was the proper time for the administration of a prompt emetic, or brisk cathartic, and also contend that such a plan of treatment would have been far more appropriate. We opine not; for our judgment assured us that this would have directly interfered with the acts of kind nature—the invaluable friend of medical art, without which man's skill is limited. Therefore, for a moment, let us pause and settle the objection.

If an active emetic had been given, true, it might have dislodged the *body* from the stomach, but in the efforts to throw it off, would it not in all probability have produced serious laceration, or even fatal impaction? We think so.

But what of the cathartic? Surely, it would have diminished the consistence of the fæces, increased the peristaltic motion of the intestines, and very likely have lacerated their coats, ending in perforation and death. Then, could anything have been gained by this plan? Certainly not. Could any other course more appropriate be suggested? No.

Here, we will remark, that the management of the case was satisfactory and gratifying, as its termination fully proves; for, on Wednesday afternoon following, about four o'clock, the parents had the delight to find that the foreign body had passed, encased with fæces, being about fifty-six hours since it was swallowed.

In a short time we received the specimen. Upon examination and measurement, we find it a concavo-convex, angular and very irregular piece of glass—perhaps a fragment of a tumbler. It is about $\frac{3}{4}$ of an inch in length, varying from 1-16 to 5-16 of an inch in width, and from 1-16 to $\frac{1}{4}$ of an inch in thickness.

Theory.—The babe, while having the glass in its mouth, no doubt made an effort at deglutition, at which time the glass passed through the pharynx into the œsophagus, where we think it became entangled. The body was liable to have

become impacted in the pharynx, or especially at the entrance or exit of the œsophagus. I am rather inclined to think, however, that it became entangled at the aperture or entrance of the œsophagus; for, had it lodged in the pharynx, it is very plausible to suppose that the efforts and struggles of the child would have expelled it. And had it passed the entrance or constricted portion of the œsophagus, it would, quite likely, have passed through the œsophagus without impediment.

But having passed through the pharynx, it came to the mouth of the œsophagus; and in consequence of this canal being flattened, narrow and constricted here, from the larynx projecting backward, it is possible—yea, highly probable—that at this point the foreign body became impacted; and from the distension and irritation of the parts, spasm of the glottis supervened, impeding respiration, retarding circulation, and, as the symptoms indicated, would soon have resulted in true asphyxia. For if a foreign body becomes impacted in the œsophagus, it produces a sense of choking and fits of suffocative cough, and if unrelieved, this may soon lead to suffocation by spasm of the glottis. But through the struggles of the child and its efforts to vomit, the spasm became relieved, and the foreign body, by its own gravitation, passed into the stomach. We think it must have passed base foremost, through the intestinal tube, guarded by its fæcal case. Be this as it may, it is an ugly, uneven and dangerous piece of glass, and would naturally lead one to apprehend the supervention of alarming symptoms. During its transit through the intestinal canal, no one could give other than a guarded and doubtful prognosis; for how easily might it have been detained impacted and lead to active peritonitis, and, perchance, fatal perforation. But no symptoms, either alarming or apprehensive, resulted.

The child seemed calm, playful, jovial; evinced no pain, fever or peevishness. For a few hours, however, following the passage of the glass, it was rather cross and irritable, resulting, no doubt, from the irritation during its transit through the rectum.

The child is now one year old; is active, robust, and has every indication of uninterrupted health.

What seems most remarkable in this case is, the age of the child, the size of the glass and the facility with which it passed.

This is one of those emphatic cases, which so clearly and forcibly verifies the ancient maxim, "Vis Medicatrix Naturæ." It should also teach all physicians ever to evince proper discrimination, to judge when and when not to act; for it should always be remembered that meddlesome interference is a dangerous thing. And never can we be too forcibly impressed, in all our acts and observations through life, that Art is only the handmaid of Nature.

ARTICLE V.

INFLAMMATION, ULCERATION AND INDURATION OF THE OS AND CERVIX UTERI, AND USE OF THE SPECULUM.

BY W. M. CHAMBERS, M. D., OF CHARLESTON.

(Read before the Esculapian Society, at its Annual Session in October, 1857.)

The facts and views of the following gentlemen will be made use of indiscriminately, viz: Drs. Lee, Bennett, West, Whitehead, Tyler Smith and Churchill, of London; Dr. Simpson, of Edinburgh; and Drs. Meigs and Miller, of our own country. These, I believe, comprise the names of all who have figured extensively in the investigation of the questions under consideration.

Claiming to have been somewhat of an observer of the progress of medical science for the last twenty years, I have no hesitation in saying that more light has been thrown upon the diseases and natural functions of the female reproductive organs, than upon either of the other two arbitrary divisions of professional knowledge. It is impossible to state which of two causes have contributed most to this very desirable state of things. Whether the fact, that it has laid claim to a higher position than that formerly assigned it, of being consigned to old granny women of both sexes, or by that of having the attention of men of superior minds directed to its consideration. Although great improvement has taken place in surgery and practical

medicine, yet not to the extent which has been witnessed in this department of our profession.

The attention of medical men of distinction was more particularly directed to this department about 1845 or '46, since which time the anatomy, physiology, pathology, diagnosis, symptoms and treatment have undergone an ordeal which is highly creditable to many of those whose names we have mentioned. At the same time, much has been said in an angry, snarling way, which is a source of regret in more respects than one. One source of regret is, that in this state of things the statements of the parties are so positive, and yet so divergent, that it makes it no easy thing for those who are not familiar with the subject, to arrive at any very satisfactory conclusions as to who is right or who is wrong.

I really feel at a great loss how to present the subject, and approach it with fear and trembling. It is that kind of trembling a man feels when he takes hold of a knife for the first time, to perform an important operation. The reason I tremble is not so much from want of familiarity with it, as because I am not yet satisfied what shape to put it in so as to render it most acceptable to the society, but believe, to eschew system, and present the matter as it occurs to my mind, will be attended with as much success as in any other form it could be presented.

Ever since I have been a practitioner of medicine, a class of cases have presented for treatment with about the following symptoms. In most instances the patients are married women, some of them have been married for years and never been pregnant; another class have been frequently impregnated, but never carried the fœtus to the full term of gestation; while yet another class have had one or more full term healthy children, and are now either barren or frequently aborting or miscarrying. I do no not say that virgins are never afflicted with the symptoms about to be enumerated, but, so far as my own observation extends, the instances are exceedingly rare. In most cases, you will elicit about the following account of the condition of the patient: feebleness is written on her brow and seen in her very motion. She is generally thin and pale, or else subject to an occasional flush of the face. The tongue is broad and flabby.

The pulse is quick and sometimes intermitting. Upon inquiry, it will be found that she has lost from ten to thirty pounds of flesh. She will tell you she has pain in her back, pain in her side, pain in her head—the recumbent posture affords little or no relief to pain in the back. She has palpitation, which may be produced by slight exertion, or may awake her in the night or while she is in a perfect state of repose. She has tenderness over the region of the stomach; tenderness somewhere in the course of the spinal column; sour stomach, which is indicated by acid eructations; costiveness and diarrhœa alternately, neither condition evincing any want of biliary secretion; the appetite is variable, but in most instances is poor; she is easily frightened, and nervous to an intense degree. She has leucorrhœa in variable forms, worse or more profuse after the regular monthly discharge, which by the way may not be so very regular, either too often or not often enough, or too profuse or spare, sometimes continuing eight or ten days or only one or two. The leucorrhœa may be of a milky consistence, or thick and resembling the white of an egg, or yellow, or green, and smelling very offensive. After each monthly evacuation, when there is leucorrhœa following, you will be told that there is great pain in voiding urine, with a frequent desire to do so. In some few instances there may be no leucorrhœa, with, however, all the other symptoms. The patient is not confined to the bed all the time, but has to take the recumbent posture frequently through the day. These symptoms have been present in a greater or less degree for months or years. It will be found, on examination, that the heart presents no organic lesion as far as auscultation will reveal anything. The most searching investigation will not detect any lesion of the stomach, liver or bowels. There are no lung symptoms, and so far as the brain is concerned, none among us would be rash enough to pronounce it in an abnormal condition, unless through the medium of sympathy. The skin and kidneys are performing their functions in a blameless way. Now it used to be the case that, finding these symptoms with the normal conditions we have spoken of, the physician was in the habit of saying to his patient, "Well, madam, I think you may be relieved," and has made, perhaps, a promise of a cure.

He starts out to relieve some of the more prominent functional disturbances, and at first for a few days he is in raptures, so is his patient, but weeks and months roll on and still these symptoms will occur again and again. Such cases, before he is long in the profession, become the plague of his life. His books are searched in vain, his brain is racked, his nights are sleepless, and his reputation is on the wane.

But let us see what he has been doing. He has cupped the spine, and made counter irritation; he has cupped the sacrum, and blistered it, and kept it sore; he has given mercury and alteratives of various kinds; given tonics; ordered exercise to be taken without fatigue, and a diet to suit these conditions; used injections for the vagina, and kept them in constant use, and yet neither the general nor local symptoms are relieved, and this course of practice is precisely in keeping with that recommended by Dewees, Churchill, Lee, Meigs, Ashwell and Columbat, and more recently by West and Tyler Smith. I would not say, in any instance, that the course recommended by those gentlemen would be unsuccessful, for there may be cases with well marked symptoms where there is great recuperative power, when a cure might possibly be effected. The treatment here spoken of corresponded with the notions entertained by writers upon female diseases, and was in accordance with their views of the pathology of the reproductive organs, with this exception that we were told that in some of the cases we would find prolapsus of the uterus, and for this various kinds of pessaries were devised, and in some instances we were told to cut out a longitudinal fold of the mucous membrane lining the vagina, and thus narrow its walls and prevent the descent of the womb in that manner. The profession sat down and folded their hands with this state of things, and left their patients to eke out miserable existences.

The publication of Dr. Bennett's papers in the London *Lancet*, and the reading of his paper to the College of Physicians in the year 1845, startled the medical men of London like a shock of electricity. He said these symptoms were caused in a great degree by inflammation, ulceration or induration of the os or cervix uteri, or both, and that the constitutional symptoms

would not yield until the local disease was removed, which could alone be accomplished by local remedies. I did not see Dr. Bennett's views of this subject until I had read Dr. Whitehead's work on Abortion and Sterility, in which he sustains the views of Dr. B., and in a very clear and concise manner gives cases to illustrate his views. Since that time I have made myself somewhat familiar with the views of Dr. B. Dr. Robert Lee, for whose talents I entertain the highest regard, read a paper upon this subject before the Medico-Chirurgical Society shortly after Dr. B.'s publication, in which he uses the following emphatic language, which may be found in the transactions of the society in vol. XXVIII. page 275, "*Neither in the living nor the dead body* have I ever seen ulceration of the os and cervix except of a *specific* character, and especially scrofulous and cancerous." Now if it be true that no other ulcerations ever occur but from cancer and scrofula, then Dr. B.'s notions and views amount to no more than a myth. In 1850, Dr. Tyler Smith read a paper before the same society, I believe, which was subsequently published, in which he elucidates similar views to those of Dr. Lee. In 1854, Dr. Charles West delivered the Croonian lectures. His subject was "An Inquiry into the Pathological Importance of Ulceration of the Os Uteri," in which he admits the existence and the *frequent* existence of inflammation, ulceration and induration of the os and cervix uteri, but concludes their existence are of slight pathological importance, and "of small semeiological value; a casual concomitant, perhaps, of many disorders of the womb, but of itself giving rise to few symptoms, and rarely calling for special treatment." In the October number of the *Medico-Chirurgical Review* for 1854, at page 248, Dr. Churchill reviews the lectures of Dr. West, and coincides with his views to a very great extent, but thinks he admits the existence of ulceration too much. In 1855, Dr. Tyler Smith publishes his great work on leucorrhœa, and there virtually admits nearly all Dr. Bennett has contended for in the way of pathology, but condemns the use of the stronger caustics and the actual cautery. Dr. Bennett's doctrine may be presented in a few words. He believes that inflammation, ulceration or induration of the os and cervix uteri may be

regarded as the first in a train of processes, which are the direct or indirect occasion of by far the greater number of ailments of the generative system. Dr. Simpson, of Edinburgh, bears ample testimony both as to the pathology and treatment of Dr. Bennett, as do Drs. Meigs and Miller of our own country. Thus it will be perceived that there is a strong array of talent on both sides.

A number of fastidious gentlemen have objected to the course of Dr. Bennett, on the ground that it is an unnecessary exposure of females. If it is true, however, that they can be benefited by exposure and in no other way, then the objection is worthless.

Let us now review these gentlemen. Dr. Bennett reads his paper and subsequently publishes his views, in which he contends for the principles already stated, viz: that ulceration of the cervix produces a train of symptoms which will not always yield to general treatment, and cannot be accounted for upon any principle of rationality unless it is found in the os or cervix, and cannot be cured except by local applications. Dr. Lee and Dr. Tyler Smith read papers in which they deny the existence of ulceration of the os, but most strangely admit (both of them) that they frequently found granulations secreting a peculiar pus or something of the kind, and fissures and indurations of the lips of the os, and sometimes abrasions, none of which were preceded by inflammation or attended with ulceration. Dr. West subsequently read his lectures, in which he confessed the frequency of both inflammation and ulceration of the os and cervix, but denies their importance. Dr. Churchill reviews and says that abrasions have not existed, but instead it was congestion, thus admitting a state of inflammation to follow. Dr. Tyler Smith follows with his work on leucorrhœa, in which he contends for the treatment of the granulations, indurations, etc., by the same class of remedies recommended by Dr. Bennett. Dr. Bennett in the May number of the London *Lancet* for 1856, page 397, thus concisely states his position: "Now if I, as a practitioner, have found, during a long series of years, that I have constantly been consulted by young sterile married women, in whose history I can trace the evidence of uterine mischief, dating from the earliest period of their married life, or even

from an epoch antecedent to it; if, on examination, I find some chronic inflammatory uterine lesions, say ulceration; if I treat the local disease and cure it; and if a considerable number of these women subsequently became fertile,—am I not warranted in considering the local disease as the cause of their sterility? If, again, I find married women who have had children often becoming sterile for years, after a tedious or instrumental labor, which has left traces of uterine suffering; if, discovering this condition to be connected with local inflammatory mischief, I remove it by treatment, and they subsequently in very many instances again become pregnant,—am I not warranted in considering the temporary sterility of these women as occasioned by the temporary local disease? If, on the other hand, I find that women who are continually aborting or miscarrying are generally suffering from symptoms of uterine ailment, and present, on examination, local inflammatory lesions, mostly inflammatory ulceration, and on thoroughly removing these lesions, I find that a large proportion of them at once go to the full time, and are delivered of live children,—am I not warranted in concluding, that in these females the existence of inflammatory disease was the cause of the abortions and of the premature termination of the pregnancies." In this late review of the present state of uterine pathology, Dr. B. reports cases by the hundred, of complaining women whose symptoms would not yield to ordinary remedies, but readily to local remedies and appliances in conjunction with general treatment. Dr. Whitehead gives, as before remarked, the cases as he goes along, and fairly coroborates Dr. B. Dr. Simpson goes still farther than Dr. B. in the application of caustics, and endorses his views throughout. Dr. Meigs relies more on general remedies, but says, "where there is albuminous leucorrhœa it is a sign of inflammation of the cervix, in which is included the canal with its copious muciparous apparatus. It is as much a surgical disease as an ulcer of the leg, as anthrax or conjunctivitis. When the surgical disorder is cured the sign disappears," but he denies the ulceration, and, contrary to Dr. Tyler Smith, admits the inflammation. Dr. Henry Miller, of Louisville, Ky., supports the views of Dr. Bennett, and to my own knowledge

has been wonderfully successful in curing cases of long standing which had failed to yield to the old plan of treatment in the hands of the most skillful men in the profession. This is bringing the matter pretty near home, and if I may be allowed I will add that since 1849 I have been in the habit of serving a number of the cases whose symptoms I have given some pages back, and the success has been of the character spoken of by Drs. Bennett, Simpson and Whitehead.

I confess that I have never resorted to the more formidable caustics and escharotics, I having probably felt my way with more caution than some others, and in the majority of instances made an effort to benefit the patient by some constitutional treatment, and at all events improved the digestive powers before local treatment was resorted to; but at the same time I think I can see a propriety in the use of escharotics, especially in indurations and hypertrophies.

I should feel that my paper would be incomplete unless reference was made to the local pathology of the disease. When it is found necessary to make an examination (and just here we might, as I conceive, argue the propriety of when that should be done), I contend that a digital scrutiny should be made whenever there is a strong suspicion of uterine derangement (and there are very few who are on the list of complaining women who are not thus deranged); and if, instead of the smooth, round, greasy feel which a healthy condition would indicate, we find a widening of the os, or tenderness, or displacement, or hardness, or roughness, it will be the imperative duty of the practitioner to resort to the speculum. The utmost concern for the welfare of the patient should be manifested, and when the speculum is used he will find revealed a state of things which, to those unaccustomed to the use of this instrument, will be surprising, a broad surface of granulations spread out around the os extending into the cervix. Sometimes this is so extensive that the entire surface is not perceptible through an ordinary glass or ivory speculum; again it may be that the lips of the os are only parted, and the granulations are entirely within the cervix. Fissures sometimes present themselves, and a thickened hard edge of the os, either of the anterior or posterior lip, or

both, are perceptible. In a number of instances, a plain ulcer with well defined edges may be seen presenting on the edge of the os, or on an out-turned lip, from cervical granulations. In some instances there are granulations, and in some it is a smooth, polished, raw surface, with many variations and modifications.

Now Dr. West says these conditions have nothing to do with the production of general symptoms. I would suggest that the opposite sex are not addicted to these long spells of unaccountable sickness. That an increased discharge, whether healthy or unhealthy, will produce debility—weakness; that no part of the organism is so destitute of vitality but, if it is kept constantly irritated, must produce more or less debility of the general system; that it is not conclusively settled whether or not the cervix is less vitalized than other organs or textures; and if it were settled that it was, it would not prove conclusively to my mind that the drain upon the system which is witnessed in the discharge would not drag down the entire organism, and produce the very train of symptoms which has been enumerated, nor that the arresting of this drain, and curing these granulations, and ulcers, and indurations, would not be attended with benefit. I say it would not convince me that Dr. West's views are correct, because I have the testimony of others as reliable as he is, that the pathological condition exists (he admits this much himself), that the train of symptoms are present, that they will not yield to general remedies, that they will to local remedies, that so soon as the local mischief is removed the patient gets well; and besides this testimony, I have my own observation, which corroborates all these points. In order that I may not over or under estimate the number of cases which I have treated, both in conjunction with others and alone, I have taken the trouble to count the patients who I have known to be treated by local remedies and find that they amount to fifty, and I can safely say that a cure was effected in nearly every instance. In two instances the relief was not perfect, but in one the patient had gained strength and became cheerful, and the remnant of the ulcer was scarcely perceptible, and I have not a doubt but the cure would have been perfect if she had remained under treatment, but her husband packed up his plunder and on a

night left for parts then unknown to me. The other was a lady, forty-two years old, barren, and, I fear, too highly endowed with sexual propensities to be true to her lord and master, and I am not sure whether she recovered or not, but the last time I heard from her was some six months after my attention ceased, she had not become pregnant to her knowledge. Thus it will be seen that there are really forty well marked recoveries, which is enough, in my estimation, to establish not only the propriety but the necessity of local applications.

From these facts, gentlemen, from others and my own observation, it is plain that I should resort to local applications whenever the symptoms would resist general treatment, but at the same time I heartily detest and loathe the man who would needlessly subject a woman to either digital or instrumental examination. Having satisfied my own mind upon this subject, I shall at once proceed to the local treatment. Before doing so, however, I will add, that I do not think in any instance the importance of the disease should be magnified in order to induce a woman to submit to the examination.

After the digital examination is made, which may be done while the woman is in the recumbent posture (either on her back or side), or in the erect posture (and it will be frequently found that this latter is necessary, in order to make out the condition of parts, as, for instance, when there is prolapsus or other displacement), the patient will then be told that there is a disease at the neck of the womb, and that she will have to undergo (not submit) further examination, and that she may have some lady friend present on a certain day and hour, and be prompt to the minute. He will select a light in the second floor, if possible, placing the woman with her hips to the light; but before he commences, he should have a bowl of water, some sweet oil or sweet lard, a ball of soap, a towel and a sheet. The light should enter the room from only one source, if possible, and that fronting the side of the bed, and for a steady light I should select the hour of two p. m., and let it come from the north. It is best the patient should lie on a mattress or straw bed, in which case it will not be necessary to have her hips to the edge of the bed, otherwise it might be; nor would it be of the first importance

then to have the side of the bed to the light, but if it is just as convenient it is best. It is a matter of habit with the practitioner whether the patient is placed on her back or on the left side. I prefer the latter, but have practiced both. After the patient is thus placed, the sheet should be folded once only, and taking it in the hand, the physician walks to the bed, conversing upon some trivial subject in which the patient is interested; he places the sheet under her clothes and next to her skin, bringing the ends of the sheet around her legs, and places the corners against the external organs. He is then to make a digital examination and find out the condition and position of the os, and then after oiling his instrument (the valvular speculum, and I give preference to the form valve), and having his probang well armed with a soft sponge, to lay on the bed and within reach, he continues the conversation, foreign from the one he is engaged in, and introduces the speculum, which is accomplished by taking the instrument in his hand or thumb and fingers, placing the end within the vulva and pressing gently upwards and backwards, having the anatomical structure of the parts in view, the handles pointing to the sacrum. After it has reached the point in the vulva, where the blades are fastened, he should cautiously and steadily approximate the blades, which will at once enable him to withdraw the director, when with the screw he brings the blades together, keeping in view all the time the necessity of grasping the instrument in his left hand with folds of the corners of the sheet around it, so as to prevent exposure of external parts. Thus he has brought all the internal organs into full view. His attention must be directed first to the condition of the os and cervix, and he may compare the membrane lining them with the color of the membrane which lines the mouth and fauces of his patient, which he will have done before he commences the investigation which is now going on. If there be much secretion of pus or other material, he can remove it with the probang, and then determine the nature of the case. If there be fissures, granulations or ulcers, he can pretty well determine their extent, and cautiously withdraw his instrument, and at once introduce the ivory or glass speculum; and here is a matter of the utmost difficulty with beginners—

no force must be attempted upon any pretext whatever. After passing the vulva, the great object is to have the neck of the womb fill the end of the speculum. If he has well studied the position of the os, he will commonly succeed the first effort; if not, he may have to partially withdraw it a number of times, but as a general thing he will succeed by holding the outer end of the instrument as high up toward the symphysis pubis as is compatible with the comfort of his patient, whom he is to inform that it is not necessary to hurt her, and if he should to let him know. Some little manipulation will be found necessary in all cases, and the physician must not be discouraged if he has to spend some time in finding the os. Once found, with this instrument he is to have in readiness besides his probang, a caustic holder, armed with a smooth-ended piece of solid nitrate of silver and a very strong solution of the same, say forty to sixty grains to the ounce of rose water or rain water, and now exercising his judgment as to the intensity and extent of the disease, he applies to the full extent of the diseased structure. If he finds, instead of ulceration, granulation or fissures, a high grade of inflammation of either os or cervix, or both of these with the vagina, or the vagina alone, he will best succeed by the application of leeches, which may be followed by injections of nitrate of silver in solution, from six to twelve grains to the ounce of water, repeated every day. If it is of the class of cases where the nitrate of silver in substance is used, the investigation and reapplication must be repeated every five or six days, until the patient is well, or it is found that the acid nitrate of mercury has to be resorted to, which is to be accomplished by the use of a piece of lint or wool tied on to a piece of whalebone, having the internal part of the syringe well oiled and the solution well squeezed out of the lint so that it be not too wet, and then before removing the speculum it should be so turned that any part of the excess of the acid might escape into a basin which should be at hand for that purpose. The reapplication of this substance should not be made in less than seven or eight days, as the eschar formed by it does not fall off before that time, and then I have rarely seen it applied more than once; indeed, the necessity for it did not exist, the nitrate

of silver being generally sufficient to accomplish the remaining part of the cure.

It will thus be seen that I have not resorted to the potassa fusa nor the Vienna paste, nor actual cautery, having thus far succeeded without them.

I wish to add, before I conclude, that I am confident from my own observation that a great many of the cases of prolapsus and other displacements of the uterus owe their origin to ulceration of the os and cervix; and it doubtless occurs in the following manner: there is necessarily a determination of fluids to the lower portion of the womb, which increases its weight and renders the inferior parts for support least able to withstand the pressure.

Nothing has been said as to the causes which produce the disease. They are so prolific that their enumeration with the modus operandi would take up much of the valuable time of the society needlessly. Metritis is a prolific cause, sexual intercourse another, etc.

Dr. West says that ulceration, granulation, etc., "are of small semiological value," rarely if ever calling for the interference of the surgeon. I am inclined to think that the very argument he bases this conclusion upon is the one with which Mr. Bennett can sustain himself. For instance: Dr. W. says that this is true, from the fact, that the neck has a spare distribution of nerves, and in a healthy condition enjoys a low state of vitality as a consequence of this want of nervous distribution. Now, is it not true, that this very state of things would go to prove that the "vis medicatrix naturæ" would also be deficient, and, as a consequence, whenever that portion became diseased, nature would be incapable of performing a cure under ordinary treatment directed to the general health? then, if there is ever a necessity for local applications to cure local diseases, this is surely the case.

BOOK AND PAMPHLET NOTICES.

Bucknill and Tuke on Insanity. Pps. 530. Published by Blanchard & Lea, Philadelphia.

It would afford us great pleasure to present to the readers of the Journal some extracts and make a few comments on the above-named work, but we cannot devote the space necessary to do justice to the work. It is a systematic treatise on insanity, correctly and ably, yet concisely, representing all the improvements in the diagnosis, pathology and treatment of mental disease.

To give the reader an idea of its general scope and character, we enumerate and copy the heading of the different chapters.

Chapter I. gives an historical sketch of insanity among the nations of antiquity, mainly in regard to extent.

Chapter II. sums up the opinions of ancient medical men on the treatment of the insane.

Chapter III. considers modern civilization in its bearing upon insanity.

Chapter IV. is a picture of the difference in the management of the insane by the ancients and moderns, and shows the present ameliorated condition with reference particularly to mechanical restraints of this unfortunate class of afflicted.

Chapter V. speaks of the definition of insanity, and dwells upon the great difficulty of properly classifying different cases so as to systematize the subject. This is an excellent chapter, and freely and ably discusses the subject.

Chapter VI. enumerates the various forms of mental disease.

Chapter VII. is devoted to the statistics and causes of insanity, proportion of recoveries, proportion of cases to the population in different countries, mortality of the insane, etc.

The chapters enumerated above are the production of Dr. Tuke, while all those that follow were written by Dr. Bucknill. They consist of Chapters VIII. on Diagnosis, IX. Pathology, and X. Treatment of Insanity. They are readable, thoroughly practical and reliable.

The work is wound up by an appendix, containing cases

illustrated by portraits in the frontispiece. These portraits show the expression of different forms of insanity in the face, and of course are valuable assistance so far as they go.

It also contains cases illustrative of the treatment and management recommended by the authors as modern representatives of the profession. Also, cases illustrating causation and pathology, so far as may be done without clinical observation.

This book, we think, is just such an one as the profession needs, and emanating from the source it does, have no hesitancy in recommending it to any of our readers who desire to be supplied with the information becoming indispensably necessary in regard to insanity. It is not intended particularly for the specialist in this department of medicine, although full and thorough, but is adapted more especially to the wants of the general practitioner. It may be bought of Mr. Keen, of this city. W. H. B.

A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhea. By M. Lallemand, formerly Professor of Clinical Surgery at the University of Montpelier, etc. Translated by Henry J. McDougall, Member of the Royal College of Physicians of England, etc., etc. Third American Edition, to which is added, "On Diseases of the Vesiculæ Seminales and their Associated Organs," with special reference to the Morbid Secretions of the Prostatic and Urethral Mucous Membrane, by Morris Wilson, M. D. Philadelphia: Blanchard & Lea. 1858. Pps. 380.

This excellent book should be in the library of all who undertake the responsible position of medical adviser. With reference to the subject upon which it treats, it is *the book*. On account of the importance of the subject, and with the hope of inducing a close study of this distressing assemblage of diseases, we give below a summary of impressions received from reading the book and the limited experience we have enjoyed. We desire to premise that it is very imperfect, and will only serve—we hope—to excite our readers to a desire for a complete acquaintance with it.

The symptoms are general and local. The main and characteristic local symptoms are when the disease is fully developed —loss of venereal desires, imperfect secretions, imperfect seminal ejections, seminal sediment in the urine, seminal extrusion during defecation, unconscious seminal dribbling or discharge

during lascivious dreams or thoughts at night, soreness or other abnormal sensations in the urethra or prostate gland or both. The early symptoms are the same, but more moderate in degree, the venereal erethism being rather uncommon, and leaving unpleasant sensations behind. When discharged in the urine, by letting this fluid stand, the semen will appear as a white granular sediment at the bottom. By gently decanting the urine, this sediment may be obtained in form sufficiently concentrated for microscopic examination. When discharged during defecation, it drops from the urethra in quantities varying from a few drops to a handful, and seems to be pressed out by the hardened fæces bearing strongly upon the distended and relaxed vesiculæ seminales. Or, when the discharge is effected on account of painful irritation of the rectum, it may be thrown off in jets. These are the common forms of diurnal emissions, and are regarded as the most destructive in their general effects of all others, and often overlooked or mistaken for something else. The nocturnal emissions are next most injurious, and are recognizable by the stains on the linen or the recollections of the patient. They may be accompanied by erection, and other energetic venereal manifestations, are involuntary and easier cured than the preceding variety. In regard to them it may be said, that more unconscious the patient is of them, the less venereal orgasm, the more injurious and obstinate they will prove. If attended with the vehemence and pleasurable sensations of ordinary venereal acts, they may be simply the effect of seminal redundance, and beneficial instead of injurious. When this is the case, the patient, instead of increased languor and uneasiness, will be in better spirits and more buoyant and healthful in feeling than before the occurrence. There is always also with these symptoms some soreness of the prostate testicles, urethra, or some other portions of the seminal mucous membrane.

The general symptoms are very various. Impotence is the most common, perhaps, in bad cases, either in consequence of inability for perfect coitus or unfit seminal fluid. The digestive organs in grave cases become profoundly affected, and the symptoms and nature of their diseases as diverse as possible.

Indigestion and constipation, with all their consequences, are particularly common. Nutrition and calorification deficient, the patient is emaciated, and subject to be affected with the slightest atmospheric changes. The respiratory and circulatory apparatus are so deranged as to simulate diseases of the lungs and heart, great muscular debility, derangement of sensation and power in the extremities to such an extent as sometimes to amount to complete paralysis of motion and feeling. Of all the senses the sight suffers most frequently; hearing, taste and smell likewise are often deranged. The manner of the patient is shy and timid—suspicious and morose almost to an insane degree. The sleep is disturbed; headache from slight inconvenient attacks, to the most violent congestive paroxysms, is likely to occur. There is also change of character, from amiable, liberal and ingenious, to peevish discontent and selfish exclusiveness. The most common and terribly harrassing mental affection is melancholy. In fact, hypochondriasis is supposed to be the disease in many instances, and the patient treated for it. We should never forget, however, that hypochondriasis is a *symptom* instead of a disease. The memory and intellect seldom escape long. They are drawn into the general ruin and soon wrecked, so that many of these miserable creatures find their way into the lunatic asylums of the land. The reader of Lallemand will scarcely fail to be forcibly reminded of Bennett. The general effect of seminal disease in men are very similar, according to Lallemand's description, to those so graphically sketched by Bennett as arising from diseases of the uterus in females.

The anatomy of spermatorrhea is inflammation almost if not quite universally. This inflammation commencing in blennorrhagia, or hyper-excitement from any cause, creeps along the mucous membrane of the urethra to the vesiculæ seminales, and into the follicles of the prostate gland, and into the mucous canals of the testicles through the vas deferens, impairing the secretory and excretory capacities of those organs. The semen is increased in quantity, becomes more thin, until it loses all virility, and failing to produce any stimulating effects, is evacuated in the unnatural modes above described.

Frequent causes are gonorrhea, cutaneous eruptions extending to the mucous membrane of the urethra, irritation of the rectum from ascarides, inflammation, stricture, obstinate constipation, hemorrhoids, etc. Masturbation, venereal excesses, lascivious reading and thoughts, various medicines, as cantharides, ergot, nitrate potassa, coffee, tea and many other articles, sebacious collections under the prepuce and glans penis in phymosis, hereditary tendencies, long continued continence, etc., are fruitful operating causes of this terrible affection.

The treatment is divided into general and local. The first has reference to the management of symptoms not immediately connected with the parts most intimately concerned. We should well consider every case in all its bearings, and apply remedies for the promotion of the general health.

The circumstances which attend spermatorrhea as causes and consequences are very various and complicated, as well as important, and will require the skillful application of general principles for their management. But it is to judicious local treatment we must look for the most marked results. Lallemand's mode of cauterizing the urethra is suited to perhaps most cases, and in making this application or resorting to any local means of cure we should remember that we do it for the relief of local inflammation of the urethra and modification of the irritability of the prostatic follicles, the canals of the vesiculæ seminales and perhaps the vas deferens. The same effect may be produced in some instances by introducing the catheter and allowing it to remain in position an hour more or less every day, or every other day, according to the effect it produces. Mr. Solly, of St. Thomas' Hospital, thinks that cauterization will cure almost every case if judiciously applied. We think that in cases to which the nitrate is applicable and would make a cure, it is applied so frequently as to often fail. The effects of each application should entirely subside for some time before it is again used; so long, in fact, as improvement continues. Sometimes the improvement is not apparent for several days after the cauterization. Acupuncture of the prostate in three or four different places from the perineum, with fine needles, allowing them to remain for two or three hours, will often do

good when it is very sensitive and irritable. An issue kept open for some time over the same organ also does a great deal of good. Dr. Wilson uses the nitrate of silver in solution, applying through glass or silver canula so as to make a direct application to the part without dilution or chemical alteration. These would take place if it were injected. Local treatment applied to the rectum when it is the seat of stricture, fissure, hemorrhoids, ascarides or other irritation, is indispensably necessary to the successful operation of other means, and will in itself often be sufficient to produce a completely favorable change.

W. H. B.

PROCEEDINGS OF MEDICAL SOCIETIES.

MEETING OF THE McLEAN CO. MEDICAL SOCIETY.

The society met in Le Roy on the 12th of July, 1858, and was called to order by the President, Dr. S. W. Noble.

The Secretary being absent, Dr. H. Noble acted as Secretary *pro tem.*

The constitution of the society was read by Dr. Luce and signed by Dr. Stewart and Dr. Laughlin, who had not before had an opportunity of signing the same.

Dr. S. W. Noble reported a case of cancerous disease of the stomach and liver, and exhibited the diseased structures.

Dr. Laughlin read an essay on the Improvement of Medical Science, which, on motion, was received and ordered to be put on file.

Dr. Fisher read an essay on the Ill Effects of the Use of Patent Medicines, which, after the usual reference, was discussed by Drs. Luce, S. W. Noble, Stewart, Fisher and Laughlin.

Dr. Stewart read an essay on Physiognomy, which was received and ordered to be put on file.

On motion of Dr. Luce, the thanks of the society were tendered to the Essayists for the prompt manner in which they discharged the duties imposed on them by the society.

The President appointed Drs. Coleman and Luce to read essays at the next meeting of the society.

By invitation of Dr. Laughlin, it was resolved that the society meet at Heyworth on the second Monday of October, 1858, at half-past ten o'clock a. m.

It was resolved that the Secretary be instructed to inform Drs. Worrell and Roe that they will have the privilege to continue and finish, at Heywood meeting, their discussion of Dr. Elder's paper, which was commenced at Bloomington on 12th April, and suspended by agreement to be continued at Le Roy meeting.

It was resolved that a committee of three be appointed to inquire into the matter of unprofessional conduct and violation of ethics, said to have been committed by Dr. Craig, a member of this society, and if they find sufficient reason therefor, that they prepare articles of impeachment against said Craig, and notify him that they will be presented to the society at its next quarterly meeting, to be held at Heyworth. Drs. Luce, Fisher and H. Noble were appointed said committee.

On motion of Dr. Stewart, it was resolved that the Secretary be instructed to transmit a copy of this meeting's proceedings to the *Chicago Medical Journal* for publication.

S. W. NOBLE, *President.*

H. NOBLE, *Secretary pro tem.*

ORGANIZATION OF MEDICAL SOCIETY OF MERCER CO., ILL.

Pursuant to previous notice, the physicians of Mercer County met at Aledo, August 31st, 1858, to organize a County Medical Society.

On motion, Dr. J. P. Boyd, of Millersburg, was called to the chair; and Dr. O. P. S. Plummer, of Aledo, was chosen Secretary.

On motion, a committee of three, consisting of Drs. Maury, Wood and Allen, were appointed to present a Constitution and By-Laws for said society.

The committee submitted the following Constitution and By-Laws, which, on motion, were approved and adopted, article by article:

CONSTITUTION.

ART. I. This society shall be known and designated the Mercer County Medical Society.

ART. II. The physicians present at the adoption of this Constitution shall be members of the Society.

ART. III. Any regular graduate of an orthodox school, or any physician passing a satisfactory examination before the Board of Censors, may become a member by a vote of the society.

ART. IV. The officers of the society shall consist of a President, Vice-President, Secretary, who shall act as Treasurer, and three Censors; to be elected annually by a majority vote of all the members present.

ART. V. The society shall be governed by the code of ethics adopted by the Illinois State Medical Society.

ART. VI. This Constitution may be altered or amended by a vote of two-thirds of the members present at any regular meeting, by giving notice one meeting previous.

BY-LAWS.

1*st*. The regular meetings of this society shall be the last Wednesday of August, November, February and May, the last of which shall be considered the regular annual meeting.

2*d*. The duties of the officers shall be those that usually pertain to such societies, and all officers shall be elected by ballot at the annual meeting.

3*d*. Each member shall report, in writing, a case, or read an essay at every regular meeting, and a stated essay shall be read at each meeting, the essayist to be appointed at the previous meeting, excepting the annual address, which shall be by the President retiring.

4*th*. The report of cases and essays made before the society at its regular meetings shall become the property of the society.

5*th*. Application being made to the President by three members, he shall, through the Secretary, notify the society of a called meeting.

On motion, the society proceeded to the election of officers, when the following were duly elected:

J. H. MAURY, - - - - - *President.*
J. P. BOYD, - - - - - - *Vice-President.*
W. R. FOX, - - - - - *Sec. and Treas.*
Drs. WOOD, PLUMMER and BENEDICT, *Censors.*

On motion, Drs. Wood, Plummer and Boyd were appointed to present a Fee Bill at the next meeting.

On motion, Dr. O. P. Allen was appointed to write an essay on Homœopathy, to be read at the next meeting.

The Secretary was instructed to forward the proceedings of this meeting to the *Chicago Medical Journal* and our county papers for publication.

On motion, the society adjourned to meet in Aledo on the last Wednesday of November next.

J. A. MAURY, *President.*

W. R. FOX, *Secretary.*

EDITORIAL.

"*THE SENIOR EDITOR OF THE CHICAGO MEDICAL JOURNAL FEELING BADLY!*"

Under this *dignified caption*, the September number of the *Peninsular and Independent* contains three pages of editorial matter perfectly characteristic of the source from which they emanate. There are some men, so accustomed to act from motives purely personal and selfish, that, whenever they consider the doings of others, they almost instinctively lose sight of the acts themselves in an attempt to divine the motives which may have dictated them. Such men often see enemies where none exist, and are exceedingly valiant in *defending* institutions that have been assailed by no one.

In a former number of this journal we made some comments on the proceedings of the last annual meeting of the American Medical Association, in which we frankly stated that the business of the meeting was often embarrassed by the want of familiarity with parliamentary rules on the part of the President; that too much time was devoted to ethics; and that

several special committees were treated unjustly by being entirely omitted from the proceedings. These statements, made solely for the purpose of advancing the permanent interests of the Association, by inducing more carefulness to avoid similar errors in future, Dr. Palmer gravely construes into an *attack* upon that organization. And "lest the *disparaging statements should wound the reputation of the Association*," he straightway takes upon himself the task of defence. But how does he perform it? Does he show one of our statements to be untrue or unjust? Oh no! nothing of the kind; but in place thereof, he gives the following *lucid* "explanation of our course." He says:

"Some of the reasons why the editor of the *Chicago Journal* received so unfavorable an impression of the meeting at Washington may be understood when it is stated, that, in the early years of the Association—in its infancy—*the which very bad things have convinced the editor that his reputed father assumed a large degree of parental* control over its affairs, but that since a more mature age has been attained by the offspring, and its independence of that attempted control has been manifested, the undutiful child is denounced, and the parental rod applied."

Now, reader, if you do not clearly comprehend the meaning of this paragraph, please read it again; and if you should still be somewhat in doubt, especially concerning the "reputed father," please ask the senior editor of the *Peninsular and Independant*, to give a *syntaxical* explanation of it. But he proceeds:

"Not to specify any possible high expectations of our neighbor unrealized at the Washington meeting, it cannot be improper to state what is intimated in the article under notice, that the author went to the meeting with a paper in his pocket—the continuance of his report on lactation, and its relations to pregnancy, etc.—and that, because he did not get an opportunity to read it, as he had read before in *full* the other instalments—or, at least, because the proceedings of the meeting were not conducted according to his fancy—he carried the paper away with him, and broke up the published series of his observations, not allowing this continuation to be published in the Transactions!"

Such is the substance, and very nearly the sum total, of what the editor of the *Peninsular and Independant* has "felt constrained to say in explanation" of our course, "lest our

disparaging statements should wound the reputation of the Association," etc. The nonsense (we had like to have said *twaddle*) about the "reputed father"—"the offspring"—"the parental control"—"the possible high expectations," etc., is of a character well fitted for the columns of some small partisan country newspaper, but wholly unworthy the columns of a magazine devoted to the cultivation of a noble profession.

The only thing mentioned that has any relation to the doings of the Association, is the reading of a report which we had prepared in the performance of our duty as a special committee.

It will be seen by reference to his language, as quoted above, that the editor of the *Peninsular* fairly conveys to his readers the idea that we sought an opportunity to read our report *in full;* and because we could not do it, took offence and kept the paper. A statement so utterly devoid of truth should cause a blush to mantle the cheek, even of the senior editor of the *Peninsular and Independent.* The facts were precisely as follows: When about two-thirds of the special committees had been called and their reports disposed of, our report was duly announced by the President as next in order. We immediately rose to respond, holding half a sheet of letter paper in our hand. While thus on the floor, but before we had read a word, some member of the Association moved that all the remaining special committees be called in order, their reports read by their titles only, and referred to the committee of publication. We stated that the reading of the abstract we had prepared would not occupy more than from five to eight minutes of time. But the vote on the motion was taken immediately and carried. The President, however, instead of proceeding to call the remaining committees and have the titles to their reports read, entertained other business, and thus left four or five special committees without so much as a question whether they had prepared reports or not. Perhaps Dr. Palmer will regard this specimen of the mode of doing business as sufficient proof that the President was familiar with parliamentary rules. Be this as it may, however, it resulted in an entire omission of several special committees from the official records of the annual meeting of the Association. In our former article we complained of this as an act of injustice

to the committees, and directly calculated to injure the Association by discouraging investigations on the part of committees. It may be that the editor of the *Peninsular Journal* is sufficiently anxious to see his name in print, to induce him to send a report to the committee of publication, when not so much as its title had been read to the Association, and not the slightest mention made of it in the official record of proceedings. If so, we have only to say that we neither partake of his anxiety nor approve of his ideas of propriety. In our former notice of the Washington meeting, we made no attack upon the Association or any of its members. As a true friend, ever anxious to insure its permanent prosperity, we pointed out such faults as we thought important, for no other purpose than to aid in preventing their repetition. But has it come to this, that every man who does not play the *courtier* and eulogize every item of the Association's proceedings and even the *manner* of conducting its business, must be published to the world as its enemy?

The able senior editor of the *North-American Medico-Chirurgical Review* ventures to criticise a paragraph in the late President's annual address, and straightway the *Nashville Journal* pours out upon him half a dozen columns of personal abuse. We venture to assert that devoting one-half of the annual meeting to mere ethics, and omitting all notice of several special committees, is not calculated to advance the permanent interests of the association; and the editor of the *Peninsular and Independent* proclaims that we have attacked that organization, racks his brains for some *possible personal* grief, and calls upon the medical public to apply to us "the contradiction and *rebuke.*" We were about to ask who are the senior editors of the *Nashville* and *Peninsular* journals, and who constituted them *defenders* of the American Association? But we will not follow their example by so much as an allusion to personal motives or personal history. We are content to leave them to the judgment of an intelligent profession.

ILLINOIS STATE MEDICAL SOCIETY.

Some members of the State Medical Society have recently made inquiries in reference to the *Transactions*. For the in-

formation of all such, we would state that so few of the members have paid the annual assessment, as to leave only about fifteen dollars in the treasury after paying the arrearages of last year. Of course, the Secretary cannot publish the *Transactions* with such a state of the treasury, unless he advances the printer's pay out of his own pocket. Will those members who are delinquent take the hint? Dr. J. W. Freer, of Chicago, is the Treasurer, and the amount of the annual assessment is *three* dollars.

RUSH MEDICAL COLLEGE.

The dissecting rooms in this institution were opened, and daily clinical instruction commenced in the Mercy Hospital, on the first Tuesday in October. Clinics are also given on two mornings in the week at the Marine Hospital, under the charge of Prof. Brainard. Two lectures are also given daily in the College Hall, one on Diseases of the Unimpregnated Uterus by Prof. Byford, and the other on the Topography and Climate of the United States, and their relations to the prevalence of diseases, by Prof. Davis. An unusually large number of students are in attendance, and indications are favorable for a large class during the regular winter term.

SHELBY MEDICAL COLLEGE.

We have received the announcement of a new institution with the above title in Nashville, Tennessee. Judging from the statements made by the Dean, the faculty have every facility for instruction. Its faculty consists of

John Frederick May, M.D., Prof. of Surgery, etc.
E. B. Haskins, M.D., Prof. of Theory and Practice.
John P. Ford, M.D., Prof. of Obstetrics, etc.
Thos. L. Maddin, M.D., Prof. of Anatomy.
John H. Callender, M.D., Prof. of Materia Medica, etc.
Richard O. Curry, M.D., Prof. of Chemistry, etc.
Daniel F. Wright, M.D., Prof. of Physiology and Pathology.
H. M. Compton, M.D., Demonstrator of Anatomy.

RESIGNATIONS.

Prof. S. G. Armor has resigned the Chair of Pathology and Clinical Medicine in the Missouri Medical College. Dr. McMartin, of St. Louis, takes his place.

Prof. Merrill has resigned the Chair of Theory and Practice of Medicine in Memphis Medical College, and John Pitman, M.D., has been elected to fill his place. Prof. Wright has resigned the Chair of Physiology and Pathological Anatomy in the same institution, and W. J. Tuck, M.D., has been elected to the place.

OBITUARY.

Dr. L. G. Robinson, of Detroit, one of the editors of the *Independent*, an able writer, an accomplished scholar and able practitioner in the profession, died May 7th, at Detroit.

The world-renowned Prof. Robert Hare, of Philadelphia, died May 16th, 1858, in the seventy-fifth year of his age.

MEDICAL CHARITIES.

During the present year several charitable medical institutions have been opened in this city.

A Dispensary has been maintained at the Medical College in the North Division, under the charge of Drs. Powell and Durham; and another at the corner of Clinton and Randolph sts. in the West Division, under the care of Drs. Wardner, Hollister and Andrews.

The Chicago Charitable Eye and Ear Infirmary has also been some months in operation, under the direction of the following officers and attendants:

Trustees.

W. L. Newberry, *President.*
Dr. C. V. Dyer, } *Vice Pres's.*
L. Haven, }
S. Stone, *Sec. and Treasurer.*
Rev. W. Barry.
W. H. Brown.
P. Carpenter.
J. H. Kinzie.
E. B. McCagg.
F. Moseley.
Rev. Dr. N. L. Rice.
M. Skinner.

Consulting Surgeons.

Prof. D. Brainard, M.D. Prof. J. W. Freer, M.D.

Visiting Surgeons.

Dr. E. L. Holmes. Dr. F. B. Norcom. Dr. H. Parker.

All the medical men connected with these institutions are in good standing in the profession, and entitled to the confidence of the community.

MEDICAL JOURNAL CHANGES.

The Medical and Surgical Reporter, of Philadelphia, has been changed from the form of a monthly to that of a weekly sheet. It remains under the efficient editorial management of Drs. Butler and Atkinson.

The Nashville Medical Record has been commenced as the successor of the *Memphis Medical Reporter* and the *Southern Journal of Medical and Physical Sciences.* It is edited by Drs. Wright and Curry, professors in the new Shelby Medical College, and issued monthly.

NEW YORK QUARANTINE ESTABLISHMENT.

The Quarantine buildings on Staten Island, connected with the port of New York, were deliberately burned to the ground, on the nights of the 1st and 2d of September, by the inhabitants of the neighborhood, acting in the capacity of a mob. The patients, amounting to a large number, were first taken out into the open air and left without a shelter. Fear of the spread of yellow fever was the alleged cause; but such an act of vandalism is a disgrace to our age and nation, which admits of neither palliation nor excuse.

NUMBER OF MEDICAL COLLEGES IN THE UNITED STATES.

According to the *American Medical Gazette*, there are now forty-one medical colleges in our country. They are distributed as follows: In New York, six; Pennsylvania, four; Georgia, four; Ohio, three; Tennessee, three; Virginia, two; Kentucky, two; Missouri, two; Louisiana, two; Massachusetts, two; Vermont, three; Maine, one; New Hampshire, one; Connecticut, one; Iowa, one; Michigan, one; Illinois, one; Maryland, one; South Carolina, one.

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They also have Breast Pumps, Cupping Instruments and Magneto-Electric Batteries.

They offer their services to Medical Gentlemen for the making of anything in their line not on hand.

All orders by letter from the country will be as promptly attended to as if the person ordering were present.

Please call, examine and convince yourselves of the excellent quality of our Instruments.

N. B.—Repairing, Polishing and Sharpening done in the neatest manner and on most reasonable terms.

August, 1858.

TO PHYSICIANS AND DRUGGISTS.

I very respectfully call your attention, and it affords me great pleasure of informing you, that I have been in the

Cupping and Leeching Business 24 Years.

I HAVE THE BEST LEECHES IN AMERICA.

My LEECHES are all IMPORTED from EUROPE, and they are for the express purpose of Medical Services. I therefore solicit your patronage, in case you are in need of good, genuine, fresh and healthy Leeches.

SEND YOUR ORDERS TO THE CUPPING AND LEECHING EMPORIUM,

145 South Clark St. (P. O. Box 3804), **Chicago, Ill.**

THE FOLLOWING ARE MY PRICES:

The Swedish Leeches are $4.50 per doz. or $25 per 100

PORTOGOS are $3.50 per doz. or $20 per Hundred.

By M. VOGEL,

Chicago, July, 1858. CUPPER AND LEECHER.

FRESH VACCINE VIRUS,

Constantly on hand and for Sale, by

J. H. REED & CO., WHOLESALE DRUGGISTS, 144 & 146 LAKE STREET.

MEDICAL COLLEGE OF OHIO

CINCINNATI.

SESSIONS OF 1858-1859.

THE THIRTY-NINTH ANNUAL COURSE OF LECTURES, IN THIS Institution, will commence on the 15th of October, and continue until the last of February.

FACULTY.

L. M. LAWSON, M.D., *Prof. of the Theory and Practice of Med. and Clin. Med.*
JESSE P. JUDKINS, M.D., *Prof. of Anatomy.*
GEORGE C. BLACKMAN, M.D., *Prof. of Surgery and Clinical Surgery.*
GEORGE MENDENHALL, M.D., *Prof. of Obst. and Dis. of Women and Child.*
JAMES GRAHAM, M.D., *Prof. of Materia Medica and Therapeutics.*
C. G. COMEGYS, M.D., *Prof. of the Institutes of Medicine.*
H. E. FOOTE, M.D., *Prof. of Chemistry.*
THOMAS WOOD, M.D., *Prof. of Microscopic and Surgical Anatomy.*
JOHN A. MURPHY, M.D., *Adjunct Prof. of Pract. of Med. and Clinical Medic.*
B. F. RICHARDSON, M.D., *Adjunct Prof. of Obstetrics, etc.*
WM. CLENDENIN, M.D., *Demonstrator of Anatomy.*

CLINICAL INSTRUCTION.

The Faculty are determined to devote much time and attention to Clinical instruction. The patients of the Commercial Hospital and City Dispensary (which are under the exclusive control of the Medical College of Ohio), will be examined, prescribed for, or operated upon *daily* in presence of the class. Opportunity for witnessing cases and operations at St. John's Hotel for Invalids will also be presented.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be abundant.

FEES.

Professor's Tickets,	$80 00
Dissecting Ticket,	6 00
Hospital Ticket,	10 00
Graduation Fee,	25 00

At the close of the Session, the Faculty will elect from the class seven House Physicians, to reside in the Hospitals and Dispensary for one year.

For further information, call at the College on Sixth street, between Vine and Race; or address the Dean.

L. M. LAWSON, M.D., Dean,
159 Race Street.

GEO. MENDENHALL, M.D., Registrar,
197 Fourth Street.

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GARNIER, LAMOUREUX & CO.,

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Granules 1-50 *of a grain each.*

Aconitine.....in bulk
" .....Bottles of 100 Granules
Arsenious Acid.....in bulk
" .....Bottles of 100 Granules
Atropine .....in bulk
" .....Bottles of 100 Granules
Digitaline.....in bulk
" .....Bottles of 60 Granules
Morphine.....in bulk
" .....Bottles of 100 Granules
Strychnine.....in bulk
" .....Bottles of 100 Granules
Valerianate of Atropine.....in bulk
" .....Bottles of 100 Granules
Veratrine .....in bulk
" .....Bottles of 100 Granules

Granules 1-5 *of a grain each.*

Tartar Emetic.....in bulk
" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" ".....Bottles of 100 Granules
" Opium.....in bulk
" " .....Bottles of 100 Granules
Proto-Iodide of Mercury.....in bulk
" " " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
" " " Bot. of 100 Granules

DRAGEES.

Ext. of Ipecac, 3-50 gr. equal to ¼ grain pow .....in bulk
" " " Boxes of 100 Dragees
Carbonate of iron, Blaud's formula.....in bulk
" " " Bottles of 130 Dragees
" " Vallet's formula .....in bulk
" " " Bot. of 130 Dragees
Carbonate of Manganese and Iron.....in bulk
" " " Bot. of 130 Dragees
Kermes, 1-5 grain..... .....in bulk
" " .....Boxes of 80 Dragees
Santonine, ½ grain .....in bulk
" " .....Boxes of 40 Dragees
" " .....Boxes of 20 Dragees
Bi-Carbonate of Soda, 4 gr. each.....in bulk
" " Bottles of 130 Dragees
Magnesia and Rhuburb, 1 gr. of each...in bulk
" " "Bottles of 130 Dragees

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Aloes and Myrrh, 4 grains.....in bulk
Compound Cathartic, 3 grains..... "
Aloetic, 4 grains..... "
Assafœtida, 4 grains..... "
Aloes and Assafœtida, 4 grains..... "
Dinner Pills, Lady Webster's, 3 grains.. "
Comp. Calomel, Plummer's Pills, 3 grs. "
Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
Opium et Acet. Plumb. each 1 grain.... "
Extract of Rhatany, 1 grain..... "

Dragees of 1 *grain each.*

Quevenne's Iron, reduced by Hydrogen.in bulk
" " " Bottles of 100 Dragees
Conicine.....in bulk
Proto Iodide of Iron..... "
" " " .....Bottles of 100 dragees
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Dragees of 2 *grains each.*

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Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
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" " .....Boxes of 200 Dragees
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" " Cubebs & Cit. Iron.in bulk
" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
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"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
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"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
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THE CHICAGO

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

ON SOME OF THE CAUSES OF PUERPERAL CONVULSIONS.

BY RALPH N. ISHAM, M.D., CHICAGO, ILL.

The growing interest of the profession in this subject, the research which has been made and is going on in the field of organic chemistry, in its relations to eclampsia, resulting in the exposition of facts so striking and important to us as practitioners, for study and reflection; not only excuse but seem to invite even the humblest efforts to fix our thoughts upon this terrible complication of childbirth, which brings dismay to all who witness it.

It may not be amiss, even in this short paper, to more particularly define my subject than is meant by the generic term eclampsia, and I quote for that purpose the following extracts:*

"Eclampsia puerperalis is an acute affection of the motor function of the nervous system, characterized by insensibility, tonic and clonic spasms, and occurs only as an accessory

* Uremic Convulsions of Pregnancy, etc., by Dr. Carl R. Braun, Prof., etc.: Translated by J. Matthews Duncan. Edinburgh, 1857.

phenomenon of another disease, generally Bright's disease, in an acute form, which, under certain circumstances, spreading its toxæmic effects on the nutrition of the brain and whole nervous system, produces those fearful accidents." The toxæmia in the convulsions of pregnancy, parturition and childbed, is commonly produced by uræmia, *i. e.*, by a change of the urea which has been retained in the blood, or by retention of excrementitial extractive matter of the urine.

The same disease with similar phenomena may manifest itself in women who are not pregnant, in children, and even in males under certain circumstances favorable to it; yet by true puerperal eclampsia, is now implied the symptoms during pregnancy or childbirth intimately connected with diabetes albuminosus.

"It is distinguished by quick repetition of the fits, and complete insensibility during the fit, as well as generally during the interval. The face and neck appear swollen and injected during a paroxysm; the eyelids are prominent, and open or closed; the eyeballs exhibit quick rolling motions in the most different directions, or are fixed in an upward stare; the vessels of the conjunctiva are mostly injected; the mouth is at first widely opened and distorted; the tongue is protruded; then trismus follows, in which, if proper care be not taken, the protruded tongue is often bitten through, and hence a bloody foam often flows out of the mouth."

"In the muscles of the face lively distorting convulsions are observed, whereupon the upper extremities get bent, the trunk is twisted to one side, and then all the extremities are thrown into jerking motions. Respiration often altogether ceases for many seconds; the carotids show strong pulsations; the veins of the face and neck swell on account of stoppage of the blood from muscular spasms; the color of the face cyanotic. All the muscles of respiration, especially the diaphragm, are in a state of contraction, and in consequence of this, asphyxia may occur. The urine and fæces are involuntarily excreted. Vomiting rarely precedes the first fit. The skin remains dry, or may be covered with perspiration, and its temperature is either increased or diminished; the reflex sensibility is suspended during the fit; the pulse is frequent or slow; the arteries large or small. After

this group of symptoms, there follows a soporose condition, in which the patient continues for a shorter or longer time, and lies motionless; the extremities stretched out and stiff; the respiration frequent and difficult, and at first stertorous, afterwards slower and snoring. Generally there is absence of consciousness and sensation.

"The duration of each fit, including the tonico-clonic part, and the soporose part, extends commonly to half an hour, or to one or two hours, and only in very rare cases does the sopor of the first fit last a whole day.

"If the paroxysm does not terminate in death, a remission takes place; the respiration becomes more slow and free and less rattling; the rigidity of the muscles diminishes; the frequency of the pulse becomes considerably less; consciousness either does not return at all or only very slightly, mostly remaining dim, so that a proper but short answer may be got to a question in a loud voice, but recollection of what has happened is altogether wanting; the abdomen is sensitive to touch, and the reflex sensibility is often intense during this lighter sopor. After awaking, patients generally complain of a confined, dull headache, and of great languor, which continue till a renewal of restlessness, stretching, extending, slow, tremulous bending of the upper extremities, jerking of the facial muscles, with reddening of the face, announce a new paroxysm. The fits may be repeated several times in a day, sometimes as much as seventy times. Generally, after a few fits, complete unconsciousness supervenes, and this continues till recovery or death." *

There is little chance of confounding this variety with the common hysterical form which is frequent in the early months of pregnancy, or those of epilepsy, catalepsy, or chorea. Cerebral or apoplectic eclampsia is described as generally originating in the rupture of some cerebral vessel, or in hyperæmia of the brain, which may, under some circumstances, closely resemble an eclamptic attack; but in the latter, the spasms continue and occur in the paralyzed parts; there are no intervals of consciousness; the profound coma precedes the convulsions instead of

* Braun—*op. cit.*

following them as in uræmic eclampsia; the breathing is slower and quieter; the pulse slow and hard; the symptoms of disease of the kidneys are absent, and are either followed by a paralysis of the opposite side of the body from that of the brain, which is the seat of disease, or by idiocy or death. Without doubt, cases of uræmic convulsions may terminate as apoplectic by fatal effusions upon the brain, as indicated by post-mortem appearances. This is easily understood when we reflect upon the great congestion which is present in cases where there is a predisposition, as regards habit, etc. And such cases would be difficult to define accurately.

Relations of Albuminuria to Puerperal Eclampsia.—Fifteen years ago, Dr. John C. W. Lever called the attention of the profession to the important fact, that in puerperal convulsions the urine is proved to be albuminous; since that time, by more careful analysis of cases and accumulated evidence, through the observations of Simpson, Dubois, Cazeaux, Blot, Frerichs and many others, the coincidence of the albuminous urine with eclampsia is now fully established and undisputed, and no well observed cases show this state of the urine to have been absent. In over fifty per cent of fatal cases of convulsions when autopsies have been made, undoubted Bright's disease has been found, which has led to a series of investigations by Frerichs, Braun, Litzmann and others, who strenuously maintain the *identity* of uræmic intoxication in acute Bright's disease and puerperal eclampsia; amongst the proofs of which are the following:

1*st.* The same precursory symptoms, of which œdema is the most frequent.

2*d.* The same renal lesions are found after death in eclampsia and Bright's disease.

3*d.* The identity of the convulsions, and the fact that males may be subject to them in morbus Brightii.*

4*th.* The two diseases are always accompanied with albuminuria.

5*th.* Bright's disease, as well as eclampsia, sometimes exists without the presence of œdema.

---

* M. Lenoit—*Moniteur des Hopiteaux*, 1857.

In forty-one cases of albuminuric women, Blot met only seven cases of eclampsia; in the same way, Bright's disease is only accompanied by convulsive affections in some cases. Not only has fifty per cent of the autopsies revealed Bright's disease, but in negative observations the histology of the kidneys was microscopically examined only in rare instances. The remarkable agreement as to gravity and termination between eclampsia and Bright's disease is worthy of notice.

A recent writer, M. Goubeyre, in a prize essay read before the Paris Academy of Medicine, asserts that there is a puerperal Bright's disease just as there is a puerperal peritonitis or puerperal pneumonia, and that the convulsion is a symptom of the disease, or that puerperal albuminuria is neither more nor less than Bright's disease, but is at issue with Frerichs and those who explain the cerebro-spinal complications so often met with in Bright's disease by the theory of uræmic intoxication, not having been able to confirm their observations of the *presence of ammonia in the expired air.*

On the contrary, a strong array of talent attempts to show that the degeneration of the kidneys which has been found in the examinations of those who have died of eclampsia, is the result of the convulsions merely, produced by hyperæmias or serous congestions, being purely accidental secondary phenomena, and it is urged:

1*st.* That persons dying of eclampsia have shown only in a majority of cases (not all) a condition of kidney justifying a diagnosis of Bright's disease.

2*d.* That eclampsia is sometimes developed by fear.

3*d.* That eclampsia has also in some women appeared in successive pregnancies, and that this fact cannot be reconciled to the theory of its being Bright's disease.

4*th.* That it is not proved that albuminous urine always precedes the outbreak of convulsions, but, on the contrary, in many cases this condition of urine is produced for the first time during the delivery or convulsions.*

The first objection is quite a sufficient one to the ground

* Scanzoni.

which assumes that the identity between Bright's kidney and eclampsia is complete, if (a fact, shown by a case which follows) any cases of eclampsia do occur when the Brightian degeneration of the kidneys is proved not to have been present, and we must look elsewhere for the solution of those cases. To the second objection scarce any importance should be attached, for there is not sufficient evidence by accurate knowledge that such were cases of *true* eclampsia falling under the definition heretofore given.

To the third objection, it is only good against the arguments of those who, like Goubeyere, maintain the identity of *acute* Bright's disease and eclampsia. It is not a valid objection to the theory of uræmic intoxication as a cause; for why should not this condition be produced in chronic organic degeneration of the kidneys when disalbumenization is going on, aggravated by the condition of pregnancy and increased circulation? Lumpe has published a case in which eclampsia occurred in the first, second and fifth deliveries. Three hours after the last, death took place, and on a dissection being made, there was demonstrated beyond doubt, in the left kidney, the second stage, that of fatty degeneration; and in the right kidney, the third stage, that of atrophy of Brightian kidneys. In order to call attention to another condition of the kidney, which has been greatly underrated in importance and overlooked, I quote the following case, recorded by my tutor in obstetrics:*

"Case Sixth.—Emily Gray, an unmarried Irish woman, thirty years of age, was driven from her home in the seventh month of her pregnancy, and came to this country without friends or money.

"Nov. 21st, 1852, at 8 p. m.—Her labor commenced under the care of Mr. Peck, Mr. Walker and Dr. Mizener, at 1½ a.m. The os was fully dilated and the membranes ruptured, and at 2 a.m. she was in convulsions. Between the third and fourth convulsion, chloroform was exhibited by Dr. M., and I arrived at the house just at the termination of the fourth. No other

* Case of Albuminuria, in relation to Puerperal Convulsions. By Geo. T. Elliot, jr., M.D, one of the Physicians to Bellevue Hospital.—*New York Medical Times*, July, 1853.

treatment had been resorted to. I found the pulse frequent, feeble and compressible; utter unconsciousness, with stertorous respiration; eyes partially open, and pupils somewhat dilated; no œdema of the feet or legs, or marked puffiness of the face; bladder somewhat distended, and when relieved by the catheter, nitric acid showed the urine to be loaded with albumen; parts well dilated; head presenting in the first position, and well down; pains moderate, and fœtal heart inaudible. At the commencement of the fifth convulsion, chloroform was exhibited, and its use continued until I had extracted a dead child with the forceps, removed the afterbirth and applied the binder. The uterus remained well contracted, and she had no other convulsion; her pulse was feeble, but rallied, and she was ordered an injection of soft soap and salt; gr. xij. of calomel were given in butter, and Granville's lotion applied to the nape of the neck. Consciousness returned in about two hours.

"1 p. m.—Found her complaining of fixed pain in the top of her head, and some reaction commencing; bladder relieved by catheter; ℥ij. of blood were taken by cups from the temples; cream of tartar as a drink, with ʒij. of sweet spirits of nitre during the day; feet and legs kept warm; absolute rest enjoined. In the evening she was restless, and the gentlemen gave her a full anodyne.

"Nov. 29th, 1 p. m.—Much improved; pain in head gone; pulse good; mind anxious and desponding; complains greatly of her tongue, which was severely bitten; decided pain on pressure over her kidneys. Ordered to gargle her mouth with a weak solution of chloride of soda; saline drinks to be continued; bowels to be moved with an injection; and cups to be applied over the lumbar region.

"Nov. 30th, 1 p. m.—I found her extended *on the floor*, apparently dead. I revived her, and lifted her into bed, when I learned that, desiring to have a motion, she had arisen three times, and that on succeeding she had fainted. I impressed on her, and on the kind old woman who had afforded her a shelter in her solitary little room, that such another imprudence would be probably fatal; and as the pulse was returning to its

usual state, I left, after requesting that the catheter might be passed, as the bladder had not been emptied since the night before. She objected to its use; and the gentlemen left, promising to return. When they did so, the nurse pronounced her asleep, and they found her dead. She had been again in the upright position, and had had some of her linen changed, just after which she had sunk on the bed, asleep as the old nurse thought. I would especially mention, that she had passed a very comfortable night, and had expressed herself as much better on the morning of her death. Not more than ℥vj. of blood had been taken by the cups.

"*Autopsy.*—Twenty hours after death, by my friend, Doctor C. E. Isaacs. Brain firm and healthy, but remarkably pale—even the choroid plexus being of a much lighter color than natural; all the other organs healthy, saving the kidneys, which were found to be enlarged and congested, *but not changed in structure;* the corpus luteum was beautifully marked; the urine which I drew off with the catheter before delivery was examined by Prof. Alonzo Clark, and found to contain blood corpuscles, *but no casts or fat globules.*

"I may mention that although the feet and legs were not swelled when I was called to see her, she had complained of very great inconvenience from that cause up to within a short time of her confinement, affording an evidence of the fallacy of deducing the non-existence of albuminuria from the absence of this symptom.

"She had resorted to very tight lacing as a means of concealing her pregnancy, and I have (says the Doctor) in my possession the iron corset-bone which she used to assist her."

In this case, recorded as one of true eclampsia by Dr. Elliot, it will be seen that there was no Bright's disease, so pronounced by the highest authority; but in the tight lacing which this patient resorted to in order to conceal her pregnancy we have, I think, a solution of the case. How abundantly does it prove that the pressure of the gravid uterus, assisted by the efforts of the patient by means of dress (more generally in refined life to improve the figure), prevents the proper circulation of the blood through the kidneys, by pressure upon the renal veins, or the

continued pressure upon the inferior vena cava, by which the renal capillaries are dilated through the increased hydrostatic pressure of the blood, consequently followed by congestion and an albuminous condition of the urine, produced by a paralysis of the bladder, a symptom which I attribute in this case to the effects of pressure.

A case is recorded by Picard,* of a male patient with stricture of the urethra, who died of albuminuria and *eclampsia*, and on dissection, *acute* Bright's disease was found, which had undoubtedly originated in congestion; indeed, cases are familiar to almost every surgeon, where stricture of the urethra, or paralysis, giving rise to retention, has produced convulsions and coma from the toxæmia, by decomposed urine and the resorption of ammonia; the presence of which is often strongly indicated by the odor of the urine and its iridescent appearance only.

Retention of urine from morbid irritability of the neck of the bladder by the gravid uterus, is not a very rare accident. Braun states a case of retroversion of the uterus, which ended fatally under eclamptic attacks, in consequence of Bright's degeneration of the kidneys and secondary uræmia.†

In the latter months of pregnancy, the uterus exerts, under the same circumstances, the same pressure upon the fundus of the bladder, producing a paralysis which is oftentimes not relieved until long after delivery; retention of urine, *per se*, if neglected, it is well known, will produce a retroversion of the uterus, and whilst serious injury may befall the bladder, greater mischief is produced by the interference in the circulation and the congestion produced. Retention in these cases is seldom complete, and through the modesty of the patient, the physician is seldom applied to for relief until the disease assumes a graver aspect.

The sympathy between the bladder and kidneys is well understood, that a slight irritation of the neck of the bladder will produce a great change in the renal secretions, whilst the changed condition of the latter exert injurious effects upon the

* Picard—*Gazette de Strasbourg*, No. 7, 1855.
† Dr. Carl Braun—*Obs. Clinique.*

integrity of the former. For the urine to be excreted normally by the kidney its free expulsion must be secured, and when distention of the bladder happens, the pelvis and ureters become similarly affected, and they also employ active and injurious efforts to obtain the propulsion; hence the congestion and subsequent albuminuria.

Civiale states that he has met with cases of albuminuria and diabetes insipidus dependent upon neuralgia of the neck and consequent atony of the body of the bladder. In these cases, disease of the kidney proves the immediate cause of death, as indeed in the majority of the affections of the urinary apparatus. It is generally conceded that tumors so situated as to press upon the emulgent veins or ureters, have been productive of interruption of the eliminative action of the kidneys. Sir Benj. Brodie says that a tumor pressing upon *one* ureter will sometimes stop secretion of urine from *both* kidneys; terminating, sometimes, in death by coma, accompanied with convulsions. The following is the synopsis of a case which occurred under my own observation, as one of the House Physicians of Bellevue Hospital, in January, 1855, which will illustrate to a certain extent the truth of these accidents:

The patient, A. G., a robust, sanguineous primipara, was seized with pains at 4 p. m., February 13th. The pains of the second stage were very severe, and the first convulsion occurred with the birth of the head. She had complained of no cephalalgia during labor, no nausea, nor perversions of vision or hearing; bowels had moved regularly, and twice moved previous to commencement of labor. The convulsions commenced with grating of the teeth, traction of head to left side, rolling of eyes, convulsive movements affecting the upper portion of the frame, and gradually invading the whole body, especially the left side. Face became livid and swollen; eyes rolled upwards, and sharp nictation of lids, pupils alternately dilated and contracted; the mouth closed and distorted; lips livid and covered with a bloody foam; legs rigid and straight; arms drawn up. The first attack lasted about one minute, leaving her natural both in appearance and manner, but as the convulsions more frequently occurred, she became more profoundly comatose, recovering less

perfectly during the intervals. The progress of the labor was uninterrupted. Number of convulsions, eighteen; duration of labor, twenty-two hours. Child asphyxiated, but restored by artificial respiration. Patient died half an hour after delivery, comatose.

Autopsy.—Eight hours after death. Brain healthy but congested; lungs œdematous; heart natural. The uterus was large, weighed two and one quarter lbs. avoirdupois, extending above the umbilicus, and pushed to the right side; the right ureter and the pelvis of the right kidney were enormously distended by urine; the bladder was filled but not distended; no abnormal appearance of the left urinary apparatus; the kidneys were small, lobular and fatty, under the microscope. Sp. gr. of the urine 1020, highly albuminous; fourchette not fully lacerated. In this case, there was impediment to the circulation of the right kidney, whether produced by the distension of the pelvis of the kidney and its ureter, or the retardation of the venous circulation in it, by the pressure of the gravid uterus, we cannot say with any certainty; and I regret that my notes of the case are not exact enough to state the difference in the pathology of the kidneys, yet we are to regard it as the immediate cause of the attack of convulsions, whilst the organic change was a predisposing cause, and I think we are not to suppose that had the free discharge of urine occurred, and the circulation been unimpeded, such an accident would not have taken place. There were no premonitory symptoms in this case to indicate the approach of the attack, and it will be seen that it was one of *tedious* labor, the duration of which was twenty-two hours, and the unequal pressure may not have taken place until the onset of the labor, when the partial or entire stoppage of the eliminative process of the kidneys (already diseased) gave rise to the sudden uræmia.

This may be considered as a type of those cases which sometimes occur without any œdema of the extremities, eyelids, etc., or head symptoms. The probability that convulsions may be induced thus suddenly by the congestion produced in a case of tedious labor, is heightened, when we consider that the elimination of urea from the blood by the kidneys is so rapid that

under ordinary circumstances it is never allowed to exceed one-fiftieth of one per cent. of the circulating blood. Dr. Shearman has recorded the case of a boy, aged eight years, who was run over by a truck which passed over his loins, evidently inflicting some severe internal injury. From the collapse which at first supervened, he recovered, under the influence of warmth and stimulants, but he passed no urine for thirty-six hours after the accident, and that which was then discharged contained blood. Dr. Shearman carefully examined this urine, but failed to detect the least particle of urea or urates in it. Sixty hours after the accident there was considerable access of fever, with increasing pain in the region of the kidneys, and these symptoms were succeeded by coma. The boy was bled from the arm; and on making a chemical examination of the blood, urea was most distinctly detected in it, and in considerable quantities; the urine, at the same time, not containing a particle of urea, urates or uric acid, and its sp. gr. being only 1005.* Although the presence of urea in excess in the circulation will produce coma and death, yet not to this cause only are we to attribute the uræmic fits. Urea injected into the veins of animals has been tolerated without any evil consequences.†

Frerichs has been led, by a series of experiments, to the following conclusions, which have been confirmed by Braun:

The phenomena of uræmic eclampsia are not produced by urea or other excretory matters of the urine alone, but from urea accumulated in the blood, and converted by some unknown process into carbonate of ammonia; and that to the presence of the latter in the circulation is the eclampsia owing.

In persons who have died of Bright's disease, the blood has been found to contain urea in quantities, without any consequences attributable to the fact during life; hence it is supposed from that fact that the peculiar ferment was wanting to convert the urea into carbonate of ammonia. The cause of this change is as yet not known.

TO BE CONTINUED.

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* *Edinburgh Monthly Journal*, March, 1858.
† Johnston on Disease of Kidneys.

ARTICLE II.

CASE: STRANGULATED HERNIA—ENTERO-EPIPLOCELE—ARTIFICIAL ANUS—FÆCAL FISTULA—CURE.

BY WILLIAM DICKINSON, M. D., BOSTON, MASS.

Mrs. G., forty-eight years of age, married, the mother of one child, of spare figure and short stature; general health good; bowels habitually costive; has had left inguinal hernia for eight years, descending and returning spontaneously, or readily reduced by assuming the recumbent position and slight manipulation; it had, however, never given her pain, or caused much inconvenience.

March 12*th*, 1858—*Friday*.—Ate her dinner as usual, consisting, on this day, of brown bread and butter with strong coffee. At 1 o'clock, one hour after eating, was suddenly seized with severe pain at the epigastrium, with some inclination to go to stool; sought relief at the water closet, and while there strained forcibly with the view of encouraging an operation; obtaining no relief, she returned to the house and to her bed. At 2 p.m., she took an ordinary dose of "salts and senna." This she vomited at 3 o'clock, but with no alleviation of the pain. At 4 o'clock I was called; found her still suffering from pain located vaguely in the region of the stomach. Considering it a case of indigestion, I ordered an emetic of ipecac., to be assisted by copious draughts of warm water. After its operation, though but little food was ejected, she expressed herself much relieved. Some degree of pain persisting, ordered ʒj. to be taken each hour till relieved, of a mixture, consisting of:

℞ Syr. tolutani,	ʒj.	Morph. sulph.	gr. iij.
Aq. menth. vir.	ʒv.	Chloroform,	ʒiij.

Mix. Fomentations over the seat of pain were also ordered. I then left, desiring to be informed if farther attendance was requisite, but did not again see her till at the hour of operation.

13*th*—*Saturday*.—She accidentally discovered a small tumor in the right inguinal region. Dr. W., in whose family she had formerly been engaged as nurse, was called. She informed him of the existence of this tumor, which, upon being examined, he

pronounced to be a hernia. This he attempted to reduce. Most faithful and appropriate efforts by himself and son were made both with and without ether to reduce it till 11½ o'clock p. m. They then left, with directions that, should the emergency arise, I should be summoned; and the request was left at my house, that, should I determine upon an operation, they should be informed, desiring to be present.

14*th*—*Sunday.*—Dr. Gay was called at 11, and found a case of strangulated hernia. No expectation of relief being obtained except from an operation, this was determined upon, and the hour of 2 o'clock was assigned for this purpose. Dr. Gay, assisted by Dr. H. G. Clarke, performed the operation, other gentlemen being present. I then saw her for the first time since the 12th. An incision of about four inches having been made, and the subjacent tissues carefully dissected, the sac was reached, presenting, with its contents, a lobulated tumor. On opening it, two large masses of omentum in a highly congested state were brought to view, and at the base of this mass was a small knuckle of intestine, including about one-half its circumference firmly engaged in the ring. This portion still retained its peculiar shining appearance, but highly congested and presenting a color inclining to purple. The constriction at the ring around both was so tense, that not even the extremity of the little finger could be insinuated between the hernial masses and the ring. Dr. Gay therefore introduced the knife independently, and made the appropriate incision. After which, the intestine and omentum were in succession reduced; the former readily; but a considerable degree of force was requisite to return the omentum, in consequence of adhesions having been contracted between it and the peritoneum at the margin of the ring. The whole being returned, the outer wound was united by the interrupted suture and adhesive plaster, and over these were applied compresses wet with cold water and the usual bandage. Dr. Gay residing at a considerable distance, I was desired to take the subsequent charge of the patient, and ordered a solution of morphia, with directions that it should be taken if severe pain should occur. During the remainder of the day, ensuing night, and indeed the week following, she

experienced but little pain, and every aspect of the case appeared of the most favorable character. The external incision seemed disposed to unite by first intention, and did unite at each extremity, and throughout the interval between the upper extremity and the first suture.

On the third day, a slight degree of peritonitis and limited in extent supervened, the abdomen somewhat tympanitic, the pulse never exceeding 84, tongue clean, no headache or other unpleasant symptom. The peritonitis was treated by morphia; the bowels responded kindly to a cathartic of castor oil and lemon juice, assisted by an enema of mist. assafœtida administered on 17th, it being the fourth day after the operation. Morphia afterwards resumed to answer the indications before alluded to. Discharges of varying colors and consistence escaped from the wound, with but little pus at any time. This condition of things continued till the 22d, eight days after the operation.

23*d*.—With surprise and extreme regret I observed a small quantity of fæcal matter engaged in the external wound, near the lower extremity.

24*th*.—A large slough, two and a half inches in length by half an inch broad, was discovered in the same situation; upon removing this, a copious discharge of liquid fæces with flatus followed.

25*th*.—Another slough of nearly the ssme size was removed from the same situation. Through the fistula, fæcal matter and flatus continued to discharge with but little variation, either in quantity or consistence, till the 29th, fifteen days after the operation. The introduction of liquids or solids into the stomach stimulated peristaltic action, and consequently provoked increased discharge. At this time, 29th, without obvious cause, it ceased, and its cessation was followed by a considerable amount of vomiting. To secure an operation throughout the entire intestinal tract, castor oil with lemon juice, aided by enemata of mist. assafœtida, were administered. The enema was duly returned, followed by a full fæcal discharge; the oil, though retained and exciting a considerable amount of peristaltic action, failed to restore the discharge through the fistula, or

to remove the intestinal occlusion. The abdomen became tympanitic, but percussion gave little or no pain; vomiting occurred several times during the day; pulse increased in frequency, but diminished in force; countenance depressed; tongue thickly coated.

31*st*—*Wednesday*.—Symptoms less imminent in the morning. Ordered ext. senna fl. in ℥ss. doses, with enema of mist. assaf. ℥iv. aq. oj. The senna was vomited and the enema returned with but traces of fæcal matter. In the afternoon abdomen highly tympanitic; much pain in abdomen, and so intense in evening as to require large doses of morph., and even the inhalation of ether and chloroform during a portion of the night, to procure relief.

April 1*st*—*Thursday*.—Symptoms all aggravated in severity. Countenance anxious; tongue much coated; pulse quite strong, and abdomen more tumefied.

2*d*—*Friday*.—Appears brighter and converses with stronger voice. The only hope being in the reopening of the fistula, or in the removal of the occlusion, recourse was again had to copious enemata of soap and water, to the extent of six pints. Of this large amount but one and a half pints were returned.

3*d*—*Saturday*.—Tongue dry, dark colored and furrowed, yet but little sensation of thirst; abdomen more tympanitic; pulse 120, and compressible. Champagne, brandy, quinine and nutritious articles of food given. These were retained but in part, vomiting occurring occasionally, and the substance ejected slightly stercoraceous.

It is an interesting circumstance worthy of mention in this connection, that at this time her friends, having abandoned all expectation of her recovery, had ordered her grave clothes and coffin, and an undertaker engaged, and some preliminaries, even; were made for an autopsy; all awaiting only the contingency of her decease.

4*th*—*Sunday*.—Symptoms quite unchanged. Another attempt for a fæcal operation was made by an indefinite quantity of inf. menth. vir. administered per anum, and soon after ext. senna by the mouth. The senna was ejected after the lapse of an hour, and one-third part of the injection was voided, but with no

satisfactory results. But little pain experienced; pulse 124, feeble and compressible. In the afternoon erysipelatous blush of lids of left eye observed.

5th—Monday.—Erysipelas of the lids now fully established, with tendency to spread down upon the cheek. As if to compensate for this unwelcome complication, discharge through the artificial anus was now happily restored, after a discontinuance of seven days. This continued during the day in considerable quantity, accompanied by the escape of much flatus. Vomiting and all other unfavorable symptoms now wanting. Took ice cream with much relish, and oyster water.

6th—Tuesday.—Tympanites almost entirely subsided; erysipelas circumscribed; pulse 132; tongue less dry and rugose. Ordered quiniæ sulph. gr. ij. 3 t. d., with wine; whisky punch; nourishing but unstimulating food. No discharge per anum.

7th.—Erysipelas revived and spreading upon the nose; pulse 120; tongue less dry.

At the time of the operation, March 14th, the hernia of the left side was down, but was afterwards readily reduced. It never having caused her inconvenience, its condition was overlooked. This became the seat of inflammation, and on the 16th had attained such a degree that efforts to reduce it were deemed unadvisable. It was treated as other local inflammations by fomentations, poultices, etc., day by day, without very obvious change in its condition. The tumor became circumscribed, and subsequently declared the presence of pus.

March 28th.—It was laid open, when it discharged freely of laudable pus. A mass of omentum was visible in the field of the incision; but no sloughs were at any time released. Pus in constantly diminishing quantity was discharged, till it ultimately healed as an ordinary abscess.

April 7th.—Erysipelas progressing upon right cheek; still expression of countenance cheerful; sleep of night continuous and refreshing; discharge from both groins continues, fæces from the one and pus from the other. Ordered enemata of strong beef tea, oj.; wine and quinia internally; and a lotion of ferri sulph. ℥j., glycerin, ℥j., aq. ℥ij., by saturating small pieces of cotton cloth, applied to the affected surface.

April 9th.—Erysipelas extended to the forehead and there arrested; pulse 100; discharge as on 7th; tympanites wanting.

April 11th.—Symptoms assuming an unfavorable appearance; removed a small slough from left lower eyelid; tonic regimen energetically pursued.

April 12th.—Pulse rapid and compressible; countenance anxious; conversation laborious; skin of lids of left eye livid, as also the wounds in each groin; in fine, all symptoms decidedly unfavorable. Continue the same treatment as on 11th.

April 13th.—Symptoms less aggravated. A collection of pus in left upper eyelid opened, discharging about ʒj.

April 14th.—No discharge from lid; tongue moist, and patient in every respect much improved. The sites of the hernia assuming a healthy aspect. The quinia, which had been hitherto continued, being disliked, was suspended for a few days, then resumed, and nutritious injections continued.

April 15th.—But little discharge from artificial anus; no fæces since 7th instant; and in addition to her customary food ate a fig, which, in a diagnostic point of view, proved of essential value.

April 16th.—Ordered a copious enema of soap suds. In due time this was returned, and there followed, as stated, a discharge of about "one quart" of solid fæces, accompanied by the escape of flatus. This dejection was not preserved for inspection. She was much prostrated by the operation, it being attended by considerable pain. Feeling a desire for farther evacuation on 17th, ordered another similar enema, which was followed by a very full fæcal dejection, being cylindrical in form and of large diameter. This was carefully examined, but no slough was found, as of intestine, but found seeds of the fig eaten on 15th. Thus, to my great gratification and relief, was demonstrated the continuity of useful intestine throughout the entire tract. For eighteen days at least, the last being on March 29th, an obstruction had existed, effectually preventing the normal action of the intestines. From this date her recovery was rapid and uninterrupted. The wound of left groin speedily healed. Through the fæcal fistula passed in small quantity, serum discolored by bile, and traces of pus and

flatus. On the 19th, fig seeds were found upon the compress placed over the fæcal fistula. A fig was eaten on the 18th. This again furnished proof of the communication of the sinus with the intestine. Eggs, tomatoes, oranges, constituting a part of her "bill of fare," portions of these were found in her dejections; and three pearls of considerable size were also found, to tell the tale of indulgence in oysters. Morphia was suspended on 22d, though not without a murmur. In a dejection of 23d was found a slough, measuring one inch in length by three-eighths of an inch in width, and on 26th, another of same size and appearance. The latter was examined by the microscope, but found to differ but little from ordinary cellular tissue. In the absence of *satisfactory* reasons to which to attribute the occlusion and its subsequent release, speculation must supply those most plausible.

During the latter part of her confinement, she was visited by a troublesome bed-sore, which, under appropriate treatment, ultimately healed, and she is now, July 30th, perfectly well, happy in her unexpected restoration, and in the assurance of having obtained a radical cure of her recent hernia. That of the left side remains in the same condition as before its capricious manœuvres. For security she wears a double truss.

ARTICLE III.

CASES IN PRACTICE.

BY THOS. W. FRY, M. D., CRAWFORDSVILLE, IND.

Case 1.—In the year 1842, I was called to see Miss S., and found her in violent universal convulsions. She was at that time about eighteen years of age, and had been subject to convulsions from her fourteenth year. When first attacked she was living in Lowell, Massachusetts, and had been attended by the physicians of that city and the city of Boston. Her first attacks were so violent, and left her in a state of such stupor, as to induce the belief in her attending physicians that the convulsions resulted from some disease of the brain, and were,

therefore, incurable. Her mind remained unimpaired, excepting the constant dread, which was a perpetual cause of depression. The reception of unexpected news, whether joyous or the reverse, any startling noise, a sudden flushing of the cheek, would invariably excite fears of an attack.

A careful examination of the case after the convulsion had passed off, and frequently during the intervals, forced the conviction upon me that the brain was not primarily affected, but merely responded to reflex action of other more diseased organs. To my surprise, I found that the menstrual functions were normal and regular, accompanied with no unpleasant or alarming symptoms. The bowels were very irregular in their action, generally bound, and the appetite variable. The spinal column was exceedingly tender and gave great pain on pressure, more especially through the regions of the heart, stomach and lungs. Spinal irritation I therefore regarded as the true seat of the disease, and the prime cause of the convulsions.

The impressions made upon her mind by her former physicians that the disease had its seat in the brain, and was, of consequence, incurable, produced a despondency from which it was difficult to arouse her. She looked forward to a life of physical suffering and mental imbecility, which threw a shade of darkness over her entire being.

The treatment of this case was as much mental as physical. By the strongest assurances that her brain was not primarily diseased, and that spinal irritation might be greatly benefited if not entirely relieved, I succeeded, in some degree, in dispelling the depression under which she had been so long laboring, and inspiring a faint hope of ultimate recovery.

Her bowels were regulated by the use of an occasional alterative, and a simple pill, composed of equal parts of rhubarb, aloes and castile soap. But the spinal irritation was more difficult to control. Cupping on either side of the spine, irritating ointment and plasters, hot soap suds and liniments were alternately used, which gave gradual but almost perfect relief. The intervals between the convulsions became longer until they entirely ceased. She has been married for some ten or twelve years, has had several severe attacks of illness, but no return

of convulsions. They became less frequent and less severe as the spinal irritation subsided.

The importance of this case consists not so much in the character of the treatment or the remedial agents employed, as in showing the necessity of a careful and correct diagnosis before pronouncing so certainly on the incurability of disease in the vital and more important organs.

Case 2.—Mr. C. W., a very promising young man, having completed his collegiate course in Wabash College, and desiring to prepare himself for the ministry, left his home in the West in 1848, and entered upon his studies with much devotion and energy in Harvard University. He had not been many weeks in the school before the cold of winter set in with great severity. The keen, piercing winds proving too severe for his lungs, a hemorrhage occurred, which prostrated his strength and greatly excited the fears of himself and his friends. Several attacks came on in quick succession, followed by such extreme prostration as to render the farther prosecution of his studies absolutely impossible. Having a physician friend and relative near Boston, he repaired to his home to be treated conjointly by his friend and Dr. Jackson, of Boston. The enlarged experience of Prof. Jackson, his deservedly high reputation in detecting diseased lungs, by percussion and auscultation, gave importance and weight to his opinions. After a careful examination, the Doctor gave it as his opinion that the patient would, in all probability, die within three months and could not possibly live two years; that his lungs were diseased beyond the hope of being reached by remedial agents. This opinion, pronounced with such decision, by one who was regarded as almost infallible in such cases, rested like a mountain weight on the spirits of the young man, and after resting for a short time and gaining a little strength, came by gentle stages to his father's home, without hope and with no other prospect than that of an early death. It was with much difficulty that either he or his friends would consent to the use of any remedial agents, thinking that they would only tend to hasten the last dreaded event. But the remedies which his physicians had used were instrumental in arresting the hemorrhage, and he yielded to the argument that the remedy

which would arrest might prevent. I again and again examined the case with all the care and all the lights in my possession, and as often expressed the belief that his life might and doubtless would be spared; that a residence in the southern part of our country would, in all probability, exert such healing influence on his lungs as to enable him to reach the alloted age of man. The ordinary anodyne and astringent remedies were resorted to, in connection with a wholesome, moderately nutritious diet; and with but an occasional slight attack of hemorrhage, he passed the much dreaded period of three months, apparently in a much better condition than when he first reached home. Living beyond this time inspired him with a little stronger hope, that a southern residence and the use of similar remedies might carry him beyond the two years, through which it was thought impossible for him to live. He remained at his father's during the winter, spring, summer and part of the fall months, with an occasional hemorrhage, but with evident improvement in both body and spirits. When the cold weather of fall came on he left for the South, went directly to New Orleans, thence by the Gulf to Mobile and up the Alabama River, for the purpose of spending the winter with an old friend and physician, who resided in a village a little north of Mobile. Dr. —— examined his chest, corroborated my opinion, and gave even stronger encouragement than I had done; he was a man of long experience, great intelligence and superior skill, which served to excite still brighter hope in the patient's breast.

The attacks of hemorrhage occasionally came on even in that mild climate, and were followed with a degree of prostration which induced him to give up all hope of the ministry. He now turned his attention to the study of medicine, his health gradually improved, his strength increased, his attacks became less severe and less frequent; at the end of twelve months he was enabled to attend a partial course of lectures in New Orleans. The improvement continued until he completed a thorough course of medical instruction, received the honors of the New Orleans school, settled in that city, is rapidly rising not only in the estimation of the people but of his professional brethren, and bids fair for a long life of prosperity, usefulness and honor.

He has passed through several epidemics of yellow fever, has been brought to the verge of the grave by that terrible scourge, but still lives, an ornament and an honor to our profession. It should be stated that he made a very free use of cod liver oil, and became so fond of it as to use it on his salad in place of olive oil.

The history of this case is given for the purpose of showing the necessity of continuing our efforts for the relief of cases almost hopeless, and even when opinions against the possibility of recovery have been given by the most experienced and skilful. It was more difficult to combat the mental depression produced by Prof. Jackson's opinion than it was to meet and alleviate the symptoms of physical disease.

CASE 3.—In 1855 I was called to visit Mrs. B., who in early life had a fine, robust constitution, enjoyed almost perfect health, and her spirits were bright and buoyant. At the time, she had been married some ten years and had given birth to seven children, most of whom were still-born or died in early infancy. The physical suffering and mental anxiety through which she had passed had greatly impaired her constitution, destroyed her health and crushed her spirits. For some year or two previous to her removal to Crawfordsville she had been treated upon what is commonly called the heroic plan, which proved illy suited to her case. Bottle after bottle of strong, nauseating medicines were administered, which served only to diminish the strength, reduce the system and deprive the patient of all relish for food. While *enciente* with her last child, the physician pronounced her incapable of bearing it to the full period of gestation, and with the view of saving the mother's life, endeavored to produce abortion by rupturing the membranes. But instead of passing the instrument into the os uteri and then through the membranes, he plunged it into the walls of the uterus; hemorrhage, of course, followed, but the fœtus remained untouched and unharmed, and grew on to its full period, was born in full health and vigor, and is now a boy near three years old and is particularly bright. After the delivery, the mother was treated in the same severe manner, and was reduced so low that she gave up all hope of recovery; believing herself the subject of an incurable disease,

fearing that she would soon become a burden to her family and friends, hopeless and despairing, she longed for death to release her from her present sufferings. The very thought of medicine had become disgusting to her, and the word "*doctor*" was repulsive to her every feeling.

Having removed from the city to her present home, she fondly hoped that she had left physic and physicians behind, and would spend the remainder of her brief life undisturbed by nauseating doses; but her kind friends, unwilling to see her suffer and sink without medical attention, at length prevailed on her to see and consult with me. After listening to her story, which was related with clearness, precision and an earnestness of feeling, which deeply enlisted my sympathies, I perceived that it was necessary to make a strong impression on her mind, in order that her prejudices and fears might be thrown aside, and especially if I hoped to accomplish any good in treating the case. Accordingly, I entered into a thorough interrogation in relation to the history, treatment and the present condition, and then gave the most positive assurance that there was no fatal malady preying on her system; that she needed no nauseating doses, no reducing medicines, but on the contrary, she required a plain, substantial, nourishing diet, some gentle and pleasant tonics; she needed to look out from under the cloud which had hung around her for so many weary months; her appetite should be tempted with some good ham or tender beefsteak, a partridge or squirrel nicely broiled, a well baked or roasted potatoe, some well baked light bread or light rolls with a little fresh butter, a soft boiled egg, and other articles of a similar kind. The transition from the apothecary's bottles and boxes and lotions to a well supplied dining table was sudden, and as pleasant as sudden, and as effectual as pleasant. In the course of three or four weeks, I gave her some three or four ounces of sweet spirits of nitre, partly as a diuretic and partly as a placebo. Her appetite, which had been very poor for more than a year, soon returned, her strength increased, her spirits became more buoyant; the health and charms, and hopes and joys of early life gathered once more around her, and she is now living, a happy wife

and mother, with the prospect of another addition to the family.

Such cases and such mistakes on the part of physicians are of frequent occurrence.

The physical system, dragged down by frequent childbirth, should have been sustained and braced rather than still farther reduced by active depleting medicines; her spirits depressed by the loss of children, needed the cordial of a rational encouragement; and the effort to produce abortion was a most serious, and might have proved a fatal blunder. Had the physician succeeded in his efforts, her health would doubtless have suffered far more evil consequences than resulted from bearing the child to its full period.

Such facts should teach the utmost caution in pronouncing on the inability of women, however delicate, to live through gestation and give birth to a living child. In the vast majority of cases, the effects resulting from abortions are far more serious and destructive to health than the regular growth and birth of a living child.

ARTICLE IV.

A CASE OF ANCHYLOSIS OF BOTH ELBOW JOINTS, TREATED BY FORCED RUPTURE OF THE ADHESIONS.

BY J. W. FREER, M. D., PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE.

CASE.—Patrick Flynn, aged forty-five years, residing in the Alms House; appearance, healthy and robust.

History.—On the 15th of December, 1857, fell from a second story window to the pavement, dislocating both elbow joints, and fracturing both of the internal condyles. The fact of the dislocations was established merely from the statement of the patient; that of the fractures was apparent at the time he came under my care, February 23d, 1858.

Present Appearances.—Both limbs in the straight position, and very nearly immovable; the left ulnar nerve paralyzed. The anchylosis being of that variety termed false, the patient

was unable to touch any portion of the head or face with his hands. His utensils for feeding or drinking were provided with handles corresponding to the length of his arms.

We can readily imagine the peculiar unpleasantness of such a condition, and the strong claims it presented to surgical science for relief. I therefore resolved to treat the case by the modern invention of rupturing the adhesions by direct force.

Operation.—The patient was put fully under the influence of chloroform, preparatory to the operation. Then selecting the right limb, and placing my knee over the bend of the elbow, and making use of the forearm as lever, the rupture was accomplished speedily and without difficulty, so that flexion and extension could be produced very nearly to the full extent.

Subsequent Treatment.—The limb was placed at right angles and supported in a sling, and evaporating lotions ordered.

Slight inflammatory action followed, which subsided in three or four days, when passive motion was made use of until the usefulness of the member was restored.

Feb. 29th.—The opposite arm was operated on, and treated in the same manner as the first, and with the same results.

On May 29th, when I last saw the patient, the usefulness of the limbs was restored to the extent of feeding himself with ordinary utensils, and of being able to perform various duties about the Alms House.

For the history of this method of treating anchylosis, I would refer the reader to an article of mine in the *N. W. Medical and Surgical Journal* in 1856.

ARTICLE V.

A CASE OF INVERSIO UTERI, OCCURRING WITHOUT THE USUAL SYMPTOMS.

BY A. FISHER, M. D., CHICAGO, ILL.

Mrs. S., aged twenty, bilious and nervous temperament, was taken in labor with her first child, on the morning of April 9, 1858. Her pains were regular, but, about 4 o'clock p. m., in

addition to her labor pains, she suddenly began to complain of severe pain in her right side, between the fourth and fifth ribs. Her labor, however, progressed naturally, and she was delivered about 7 o'clock in the evening, with no uncommon symptoms, excepting the pain in her side, which continued without intermission. The cord was rather short, and might possibly have pulled upon the placenta; if so, however, I was not aware of it. The placenta came away at the first pain without any assistance, and everything appeared to be natural, though I did not introduce my hand, as there was no apparent necessity for it.

There was some flooding at the time, but not enough to produce alarm or any signs of syncope. I placed my hand above the pubes, and could feel the uterine tumor; applied cloths, wet in cold water, to insure its permanent contraction and arrest the hemorrhage. The afterpains were about as usual; the pain in the side, however, above-mentioned, between the fourth and fifth ribs, was very severe, and continued so for three or four days, in spite of all our remedies; such as cloths wet with camphorated spirits, sinapisms, Granville's lotion, etc., applied externally, with morphine internally. The only thing she complained of, with the exception of afterpains for a few hours, was the pain in her side, which was so severe and continued so long, that I began to fear that there was some internal lesion, caused by exerting herself whilst in labor.

The third day her bowels were moved by an enema of castor oil and turpentine. The fourth day the pain in her side pretty much subsided, and she was quite comfortable. During this time she had no fever, pain in the back, or tenderness of the bowels; urination was free, and she took some nourishment. The pulse was rather more frequent than natural, and there was little or no secretion of milk, which was attributed to the loss of blood.

From the 13th of April, four days after delivery, she began to improve fast, and complained but little of anything. I visited her daily until the 19th, but gave her no medicine except tonics. There was no flooding, lochia natural, appetite good, bowels regular, and everything appearing right, I dis-

continued my visits, with a request that they should inform me if she did not do well.

On the 30th, I was called to see the patient's mother, who was sick, and I saw Mrs. S. She appeared to be doing well; said she had been up an hour at a time, and it did not injure her or produce pain in the back. I cautioned her to be careful, as I had been informed that she had had severe hemorrhage and prolapsus uteri for a long time after an abortion, which occurred a year or two previous to her confinement.

On the 7th of May, eighteen days after I had discontinued my visits, I was called to see her again. Her mother said she had been flowing for two or three days, and that she had been up and out to her meals, sung, played on the piano, etc. I attributed her flooding to over exercise before the uterus had recovered its tone. She had no pain in the back, or soreness of the bowels, and the hemorrhage seemed to be her only trouble; for which we applied cold lotions over the uterine region, gave astringents, and enjoined perfect rest. The hemorrhage still continuing, I ordered injection of acetate of lead, which would arrest it for a short time, and then it would return again. As the ordinary means for arresting uterine hemorrhage had been fairly tried, on the 18th of May I made a digital examination, and, to my utter astonishment, found the uterus completely inverted, the fundus resting on the perineum. When and how it took place I cannot imagine. It could not have been at the time the placenta came away, because I felt the uterine tumor above the pubes, and there was no symptom to indicate it at that or any other time, unless the hemorrhage might be regarded as such; but that was not more than is common in many cases where everything is natural.

The next day Professor N. S. Davis was called to consult with me. He questioned the patient and her mother for a long time, very particularly, with regard to her symptoms at the time of her confinement and afterwards, and could not believe that there was inversion, until he made a vaginal examination and found it to be a fact.

We consulted together and concluded that, as the inversion was complete, and the patient very nervous and excitable (so

much so that it was with great difficulty that her consent to undergo an examination was obtained), it would be safest and best to encourage her all we could, and not then try to return it; for if we undertook to do it, in the condition she then was, we should surely fail in our attempt, and it might endanger inflammation. We therefore advised astringent injections with nutritious diet, and encouraged her with the hope of a spontaneous replacement, as there were cases of the kind on record well authenticated; intending, all the time, to watch the case and reduce it when she should be in a proper condition.

I visited her daily, or every other day, until the 26th of May, carrying out the above plan, and in two or three weeks she rode a number of miles without inconvenience. She finally concluded to go East and try hydropathic treatment, and left here for that purpose on the 14th of July.

A day or two before she started I saw her husband, and showed him, in the July number of the *American Journal of the Medical Sciences*, reports of two cases of inverted uterus of long standing, said to have been successfully reduced, and urged him to try and persuade her to remain here and let me reduce the inversion in her case, as she was then in a good condition for the operation; telling him at the same time, that I believed it could be reduced, by careful management, without danger, and that no hydropathic treatment could reduce the inversion. But he replied that she had great confidence in cold water treatment, and had determined to try it, and that he would not undertake to dissuade her from doing so. Since she left, as above stated, I have had nothing to do with the case.

The above case is remarkable, from the fact that it clearly proves that the uterus may become inverted without any particular symptoms to warn us of its occurrence. It also shows us that it may take place so gradually that the constitutional symptoms, which usually supervene, may be altogether wanting; so that we would not suspect anything of the kind without a digital examination, which we would not propose, unless the symptoms were such as to make it necessary.

Inverted uterus is of such rare occurrence, that in an active practice of twenty-four years I never before saw but one case,

and the symptoms of that were so entirely different from the above, that I will briefly relate it.

The patient had no physician or midwife in attendance before I was called. When I first saw her she was lying on her back convulsing, bathed in a cold perspiration, pulse almost imperceptible; in short, I thought her dying. I immediately gave stimulus with tinc. opii; then, making an examination, I found the placenta, and inverted uterus, between her thighs. The uterine tumor was nearly as large as a child's head, and had passed completely through the vagina. I grasped the tumor with both hands, making steady but firm pressure for a few minutes, until the size was so reduced that I returned it into the vagina, then pressing steadily against the centre, finally replaced it. The uterus remained in its natural position, and convalescence was rapid.

What caused the inversion I could not ascertain. The friends said no one assisted her more than to take away the child, until after its occurrence.

ARTICLE VI.

THE USE OF PLATES, IN COMBINATION WITH GUTTA PERCHA, IN TREATMENT OF FRACTURES OF THE LOWER JAW.

BY W. W. ALLPORT, DENTIST.

EDITORS OF THE CHICAGO MEDICAL JOURNAL,—In the August number of your Journal, Dr. M. O. Heydock reported a case of fracture of the lower jaw, at its neck!

This was a case of peculiar interest, from the fact that it had been under treatment for two weeks, and it was found that no ordinary bandages or appliances would keep it from swaying to one side; of course a deformity would have been the result of such practice. At the expiration of this time, Dr. H. called on me, with the patient, and I constructed for her two plates, as described in said report, and proved to be just what was required for the successful treatment of the case.

On the 19th of September, Mr. A. G. received a blow upon

the right side of the lower jaw, which fractured it through the median line. The case was seen by Professor Freer, who applied the ordinary bandages, used in such cases, but found it would be impossible to secure a satisfactory result in this way, and at once placed the patient in my hands.

When the case came to me, I found the right side of the jaw depressed about eight lines below the left, and the muscles acting with so much force, that it was found difficult to bring the two sides into position, so that the lower teeth would articulate with the upper correctly, and when in position, difficult to keep them so.

With the aid of an assistant, the fracture was adjusted, and an impression taken in wax of the lower teeth, also one impression of the upper teeth, and from these, plates are swaged up, similar to those used in the case of Mrs. H. These being brought into proper position on the teeth, were removed and soldered together. Thin layers of gutta percha were then warmed in hot water, and placed inside of each plate and introduced into the mouth, as warm as the patient could bear;—the jaws were pressed firmly together, until the teeth articulated perfectly, *through the plates*, which had been filed away for the free egress of the ends of the teeth, and were held thus until the gutta percha had been thoroughly cooled by the application of cold water. This done, the patient could not open his mouth, and of course the jaw was held firmly in place, which rendered union perfect, and a natural articulation of the teeth. The plate was removed on the 18th day.

In the case reported by Dr. Heydock, it was supposed that the separation of the upper front teeth, so as to admit of a bar or wedge being passed between them, from the plate on the lower jaw, was of service; but from this case it would seem that the wedge can be dispensed with, for the gutta percha insinuates itself into all separations, and adapts itself to all the irregularities and inequalities of the teeth, in such a way, that the patient cannot move the lower jaw, and of course it is held firmly wherever it is placed, making this appliance equally serviceable whether the front teeth are separated or not.

The fact that the lower jaw hangs loose, and its muscular

attachments draw it in various directions, renders the treatment of the fracture of this one far from being the simplest in surgical practice. In fact, I think that any experienced surgeon will bear witness to the correctness of the statement, that there have been as few cases of perfectly satisfactory results, in the treatment of fracture of the lower jaw, as in almost any other class of broken bones. But if the upper jaw be made the foundation, to which the lower jaw can be immovably attached, by the application of plates constructed as above mentioned, the treatment of these fractures can be made comparatively simple, and much more satisfactory.

ARTICLE VII.

A NEW MODE OF DRESSING FRACTURED CLAVICLE.

BY J. W. FREER, M. D., PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE, SURGEON TO THE MERCY HOSPITAL, ETC., ETC., ETC.

Among the many and varied appliances used in surgery in the dressing of fractured bones, few have presented to the surgeon greater difficulties in their application, so as to meet the several indications present, or have more frequently been the occasion of provoking annoyance both to himself and patient, than the ordinary dressings for fractured clavicle. Indeed, so invariably has this been felt, that many have been the plans and modes suggested, each intended to obviate the objections which were justly chargeable to all the others.

It is to this inefficiency and trouble so generally experienced in the application and subsequent keeping in place of the ordinary dressings (for fractured clavicle), that I must refer you for my apology for presenting a new one. Of these evils every one must be duly sensible who has had aught to do in the care and treatment of such cases, and must have experienced, with regret, not a few imperfect cures—leaving behind them, in very many instances, *deformities*, which, to say the least, are unsightly in appearance, and with most patients, not unfrequent causes of complaint.

With the view, therefore, of removing the many objections and results, to which the ordinary dressings are liable, I herewith submit to the Society the following method of treatment, which in my own practice has answered every expectation, being *simple*, *reliable* and *effectual*.

The different indications to be met in the treatment of fractured clavicle are, as you are well aware,

1*st*, To bring the shoulder *upward*, *outward* and *backward*.

And 2*d*, To *retain it there*.

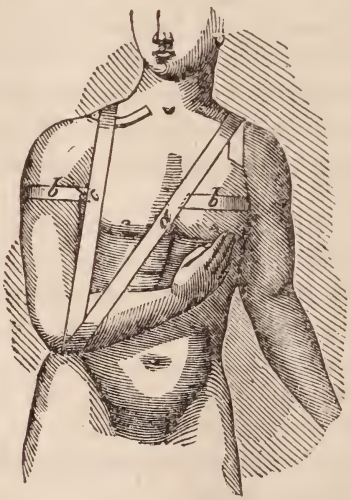
These several indications are fulfilled by the use of *adhesive straps*, applied in the following manner—to wit:

1*st*, A strip of adhesive plaster, of two and a-half or three inches in width, and of sufficient length to extend from the

under surface of the forearm, near the elbow of the affected side—to the shoulder of the opposite side (see *a* in the accompanying diagram),—the strap being applied about its *middle* to the forearm, and passing each *end*, one in *front* and the other *behind*, and crossing them upon the shoulder; the ends being permitted to extend downward, and lapping, one upon the *breast* and the other upon the *back*—drawing it sufficiently tight to bring the elbow firmly to the *side* and elevate the shoulder—a *pad* (*d*) having previously been placed in the *axilla*, for the purpose of carrying the shoulder outward.

2*d*, A *strap* of like width, passed around the arm of the affected side, at the axilla, (see *b*) and carried *across* the back and *under* the arm of the opposite side and lapping upon the breast, drawn sufficiently tight to bring the shoulder *backward* to the required extent.

3*d*, The hand may be supported by placing it in a silk handkerchief attached to a loop of adhesive plaster passing over the *sound* shoulder.



If from any cause it be desirable at any time to make compression over the fractured ends of the bone, it may be readily done by passing a strap of adhesive plaster from the forearm of the affected side *over* the affected shoulder. (See *c*.)

The following cases were treated after the manner described;

Case 1.—J. Hubbard. Clavicle fractured at the *outer* third. Considerable depression of the shoulder. Dressing by adhesive straps, and removal at the end of twenty-one days. No interference was required during the process of cure.

Case 2.—J. S., aged about fifty. Comminuted fracture at the middle, occasioned by direct violence. Three days had elapsed since the injury, when he came under my care. This case was treated like the preceding one, with the addition of a strap of adhesive plaster extending over the fragments (see *c*), in order to produce slight compression. The patient lived some distance in the country, and consequently I did not see him again until six weeks had elapsed. He had removed the dressings on his own responsibility at the end of twenty-five days. The patient informed me that the dressings had not been interfered with or disturbed up to the time of their removal.

The cure was perfect, as far as the symmetry of the shoulder was concerned; but as usually follows in comminuted fractures, a *callus* was remaining, though of moderate dimensions.

Case 3.—James M., aged ——, suffered a fracture of the clavicle near the *outer* third. Treatment in the same manner.

The patient was informed that he need not present himself again until the end of twenty days, at which time I removed the dressings.

Cure perfect.

ARTICLE VIII.

REPORT OF THE COMMITTEE ON PRACTICAL MEDICINE.

By F. K. BAILEY, M. D., Chairman.

The constitution of the Illinois State Medical Society declares that the Committee on Practical Medicine "Shall prepare an annual report on the more important improvements effected in this State in the management of individual diseases; and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevail-

ing diseases in special localities during the term of their service."

Soon after the meeting in June last, circulars were sent to all the medical men in the State, whose post-office address could be ascertained, and the same circular was published in the *N. W. Medical and Surgical Journal.* The presumption is, that a majority of the practitioners in the State who might be expected to respond, are aware of the existence of a Committee on Practical Medicine. Some, as will be perceived, have favored us with communications, but comparatively few have have seen fit to respond.

For such as have been furnished, the Committee would express their gratitude, not only on their own account, but also of the profession generally. Besides such extracts thus furnished, we shall embody some extracts from medical journals, and remarks made by your chairman.

The duty of strict observation on the part of the practitioner of medicine, is of undeniable importance. A close scrutiny at the bed-side of the sick is indispensable, both to the success and satisfaction of the physician, and the ultimate welfare of the patient.

Medical practice is in the hands of thousands of men scattered through our cities and country towns, who, in the discharge of their daily duties, are conversant with the different forms of diseased action.

The course of treatment adopted in the case of those who recover, is seldom made public; nor is the world any wiser, as to the reason why in fatal cases, the result was not otherwise.

Like the camel in the desert, who is constantly making foot-prints in his sandy path, only to be obliterated by the next breeze, so, with the majority of practitioners, they from day to day are travelling in a track which is never afterwards seen.

With our neighbors across the way in the legal profession, it is otherwise. Their acts and decisions, although of much less importance as far as the good of the human race is concerned, are carefully noted, and preserved for future reference and precedent.

With our profession, we are pained to say, much is lost,

which, if made a matter of record, might in similar cases be safely appropriated; and even the errors that are daily committed, if noted, might serve as warnings to others, like the lone rock in the ocean path, which, although the occasion of now and then a shipwreck, serves as its own signal of danger to those who are on the look-out. Much that is written upon medical subjects, is from the pens of men residing in the large cities. Cases occurring in hospitals and similar institutions are carefully noted, and also those occurring in private practice. A great variety of cases is met with in country practice, and equally interesting to the profession.

But the practitioner, from a feeling of timidity, may hesitate to give the symptoms and treatment of an interesting and important case, although fully competent to do so. He may have found "a more excellent way" of treating a disease, which, if made public, would be gladly followed by others. This modesty, if indeed it deserves so mild a name, is not commendable, for an idea may be suggested to the profession by some one practising in a rural district upon our vast prairies, which, if made known, might be hailed with great interest by all practising the healing art. A fact brought to light in treating the child of some family residing in our own State, may be the occasion of bringing joy to the hearts of some royal family in the Old World. A truth is the same whether brought out by one practising in our midst, or at the head of some European hospital, or popular medical school. A paroxysm of intermittent may be the same, whether occurring on the banks of the Illinois or Seine. The phenomena seen and felt in a severe form of neuralgia may not differ, whether met with in some Western village, or in London.

There are doubtless many men in our own State, who, if called upon to prescribe for a patient in the city of Paris, might even astonish the wise men of France, by their display of good sense.

These thoughts are thus expressed with the hope of stimulating our brethren to the importance, not only of observing closely, but of communicating to others, the result of their observations.

We heartily refer our friends to some very excellent remarks upon the topic last spoken of, by one of the editors of the *Chicago Medical Journal*, in the April number. It must be admitted that the profession of our State are becoming awake to this important subject, and we find that medical societies, both county and district, are being organized, the members of which are contributing something to our medical literature.

In reply to the interrogatories in our circular, Dr. F. R. Payne, of Marshall, writes:

"During the last summer and fall, we had more than the usual amount of rain, but it fell in gentle and often-repeated showers, not sufficient to thoroughly saturate the ground and fill up the ponds; the consequence was, that we had but few malarious diseases. In the latter part of the fall, and during the winter months, typhoid fever was a common disease. Not typhoid grades of remittent fever, and pneumonia, but typhoid fever in all its purity. I have treated fevers in this locality for sixteen years, and feel thoroughly satisfied that my diagnosis is correct. That this fever is to a certain extent superseding endemic fevers, I have no doubt; and I also firmly believe that out of the river and other low bottoms, and marshy lands, it will, in a few years, entirely take the place of remittent fever.

"I will not enumerate all of the symptoms of this disease, but present those that occur early, and constitute my principal means of forming a correct diagnosis. When the typhoid element (whatever it may be) begins to exert its morbid effects upon the system, the patient complains of general debility, has no inclination to active mental or physical exertion. When he rests upon his bed for a few hours, he begins to doubt the existence of disease; but an attempt to move about, will again arouse his fears. The skin is dry, particularly in the palms of the hands and the soles of the feet; pulse soft, and slightly accelerated. When the head is raised, and the arm rests upon the elbow, we discover a tremulous motion; tongue coated, and dryness about the lips; a gurgling sound usually in the right iliac fossa: this symptom occurs early in the disease in about two-thirds of the cases. In from four to ten

days, these symptoms increase in severity; pulse from 85 to 120; secretions, except from the ilium, diminished; the white coat upon the tongue turns dark and dry; the edges are red; intellect dull and confused; by close examination we frequently find streaks of bloody mucus in the stools, and nearly always if active cathartics have been administered. The pulse remains nearly the same, seldom varying two beats in the twenty-four hours. These symptoms are followed by the more alarming characteristic symptoms of typhoid, as laid down in the books, and if not properly treated, usually terminate in death in from sixteen to forty days.

"As to the cause of this affection, we will not venture an opinion. It is very clear, that let the cause be what it may, the nervous system is made to suffer in a powerful manner from its effects. It cannot be a specific poison, but we are inclined to the belief that the cause may be either general or local.

"Within the last year we have adopted a course of treatment of our own, in some very important respects, with the most satisfactory results: but few cases have died, in fact none where the treatment was fully carried out from the inception of the disease.

"We commence the treatment with a moderate dose of blue mass, and if there is much diarrhea, we combine opium with it. If this does not operate in six or eight hours, give oil and turpentine. Sponge the surface with warm alkaline water. After the operation of the cathartic, we give ipecac. from 3 to 6 grs., opium from 1 to 3 grs., every three hours. If the pulse is over 100 per minute, alternate the powders with from 5 to 7 drops tr. veratrum viride; but if the pulse is under 100, and the tongue dry, we substitute the turpentine emulsion for the veratrum viride. By this means we, if possible, prevent an operation on the bowels for from three to six days.

"During this time, we proscribe all solid articles of diet; boiled milk thickened with flour is a favorable article of diet. If the bowels become somewhat disturbed, with no action in them to six days, we give oil and turpentine, and omit the powders, but resume them immediately after the oil operates.

"To promote the secretion from the kidneys, infusion of *uva*

ursi is the best preparation. If profuse hemorrhage comes on, we add to our powders acet. plumbi. Strong tr. valerian is the best remedy for *subsultus*. Quinine in this continued form of fever is positively injurious; it increases the subsultus and delirium, and in no case do we believe will it interrupt the fever. We remove from the room all causes of excitement, and prohibit visitors from entering the sick chamber. If the symptoms are not urgent, we give no medicine from 10 o'clock p. m. to 5 a. m., and direct the nurse to lie down near the patient with all the lights extinguished. These directions we believe are of great importance.

"It may be well to remark that Marshall is situated on the dividing ridge between Big and Mill Creeks, about two miles distant from either stream. The land is rolling, and usually dry and compact. The soil is dusky white, and deficient in humus, consequently does not contain an atmosphere of carbonic acid, a fact which it might be well to note, in looking for the proximate cause of typhoid fever.

"This winter we have had quite a number of cases of pneumonia, but the disease has readily yielded under our treatment; and as it is the first winter we have used the *veratrum viride* in this affection, we will briefly state our manner of using it, and record our experience thus far, in favor of the remedy. We, in an ordinary case of pneumonia, at our first visit, make the following prescription:

Hyd. sub. mur., . . grs. xx.
Pulv. Doveri, . . . " x.
M. F. pulv. ij., to be given three hours apart.

"In an hour and a half after the first powder is taken, give five or six drops veratrum, and continue every three hours. In six hours after the last powder is given, if there is no operation from the bowels, give castor oil.

"When this operates, alternate the veratrum with pulv. Doveri 3 or 4 grains, and opium one grain, with a large cataplasm over the chest.

"Under this treatment usually (not in every case) in twenty-four or thirty-six hours, the pulse is brought to the normal standard; the patient is bathed in a profuse perspiration, and

the disease terminates speedily in resolution. When there is a typhoid element at work in the system, the pulse will come down, and the violence of the disease is greatly mitigated, but convalescence is not established until from nine to sixteen days. Suffice it to say, that we have not lost a case, with or without complication, since the adoption of this plan of treatment, and we have had twenty cases, when the diagnosis was positive. In ordinary cases, when called early in the disease, we seldom find it necessary to repeat the sub-muriate. In case the bowels are not sufficiently lax, we use every twenty-four hours some mild cathartic.

"The above plan meets the indications in the treatment of this disease better than any we have hitherto adopted. Some cases may require more than six drops of veratrum, but we have never found it necessary to give over eight drops. We have not used calomel with as much liberality as we did a few years ago, from the fact that patients seem more susceptible to its constitutional effects; and farther, we do not belong to that class of physicians who believe that two diseases cannot exist in the system at the same time."

Dr. D. W. Stormont, of Grand View, Edgar County, and one of the Committee on Practical Medicine, writes respecting the topography of his district:

"This is a pleasant village, of about five hundred inhabitants, situated in the southwestern part of Edgar County, and in the southern edge of a portion of the Grand Prairie, which here has a general direction of N.E. and S.W.

"The prairie adjacent to the timber is in a high state of cultivation; and the surface is gently undulating, with originally but few sloughs or ponds, and these are now well drained. Farther out, say from three to ten miles, the surface, though not flat, is generally more level; consequently more ponds and sloughs are found; and the improvements being of more recent date, and the cultivation more imperfect, the water collects in the spring, and in many places stands throughout the summer. The soil is a black loam, which varies in depth from eighteen inches to several feet.

"To the S. S.E. and S.W. he have a heavy body of timber,

consisting principally of oak, hickory, maple, walnut and poplar.

"The surface, compared with the prairie, is broken, even hilly in many places. There are numerous small streams or creeks, which rise in or near the prairie, and running a southeasterly direction, empty into the Wabash, at distances varying from twenty-five to seventy-five miles. The soil is thinner than on the prairie, but productive. The bluffs bordering on the creek bottoms, present limestone in considerable quantities; occasionally an inferior quality of coal is found. Several springs throughout the timber are strongly chalybeate.

"This community is almost exclusively an agricultural one; grain and stock raising the principal business. For intelligence, industry, morality, and consequently thrift, we think it will compare favorably with any other in the State.

"From this imperfect sketch of the topography of this locality, you will see we are rather favorably situated for observing and comparing the different forms of disease, as they occur in highly malarious, or in the more salubrious districts; and for noting the different phases the same disease may assume in these respective localities."

Dr. S. has above given a description of the varieties of the surface, viz.: that lying in, and adjacent to, the timber belts, which so gracefully diversify the face of our beautiful State, and that of the prairie at a distance from the groves, it is at present, and is becoming more so every year, an interesting inquiry, as to which is the most healthy part of the country, the groves or the prairie. It is well known that the first settlers of this State selected a residence either in or near a grove of timber, on account of having fencing and fuel at hand, and also because water could be found more conveniently. Recently, however, many are settling upon the broad prairie miles from a tree or stream.

The comparative healthiness of the different localities might be easily ascertained; and perhaps facts showing that diseases prevail in each, differing not only in type, but also in kind, might be presented.

Dr. S. further states that "The winter of '56 and '57 was

long and cold. The spring following was cold, wet and backward. The summer and fall were also cool, with frequent showers of rain. November was cold, with considerable snow. December '57 and January '58 were mild and pleasant, with but little rain or snow. February '58 was cold, with abundance of snow. March was warm and dry, and the healthfulness of this region has been much above the average."

Periodical Fevers.—"These are our common endemics of the summer and fall months, occurring most frequently, as would be expected, on the prairie. Last season there were fewer cases, but they were generally more obstinate than usual. The intermittents presented a large proportion of congestive or malignant cases, or of cases threatening that form, requiring a prompt and heroic treatment; but differing in no wise from that usually adopted under such circumstances, unless it was a longer continuance in the use of quinine.

"The remittents were obstinate, frequently assuming a low grade, with indistinct remissions, torpid liver, and indeed a locking up of the liver generally;—sometimes accompanied with prominent typhoid symptoms, as cephalalgia, slight delirium, subsultus, parched tongue, and perhaps meteorism, but seldom diarrhea. This condition of things did not obtain in all cases, but in those only which were not seen in the commencement, or were not then treated with *promptness* and *energy*.

"Under the use of alterative doses of calomel, with diaphoretics,—Dover's powders or spirits nit. dulc.,—and quinine in full doses, the symptoms would gradually yield, and in ten or fifteen days convalescence would be fully established. Of course other means, such as cold or tepid sponging, were employed in every case, cupping or blistering when indicated, etc.; but small doses of calomel, not carried to ptyalism, however, with quinine and Dover powders, each grs. iv. or. v. every three or four hours, with spirits of nitre, occasionally, was the general treatment.

"This form of intermittent is not encountered every year, and is generally confined to the prairie. It is popularly called typhoid fever; but is not regarded by the profession,

so far as I can learn, as the 'Typhoid' of Louis, or 'Enteric' of Wood; though in its latter stages it is difficult to distinguish from it. In these cases the commencement of the attack is more abrupt, the biliary derangement, and the periodicity more apparent, while the cephalic, nervous and abdominal symptoms are less apparent, and the disease is altogether less protracted, and more under the control of remedies, than in the genuine or specific typhoid.

"Typhoid or enteric fever prevailed to some extent during the fall and early part of the winter. Of late years, it is often encountered in the timbered region, generally in the winter months, presenting the aggregate symptoms detailed by Bartlett and Wood. But I am not confident that I have seen it in its specific form originate on the prairie until last fall.

"There was one peculiarity observed in these cases on the prairie, which I have not found in those occurring in the less malarious districts in the timber, that was a periodical element often quite marked. It was generally quotidian in type, but sometimes more apparent on alternate days, and sometimes so prominent as to obscure the diagnosis, rendering it doubtful whether it was the true enteric, with a malarious disease superadded, or the low grade of remittent mentioned above.

"Here the effect of remedies was a valuable diagnostic. If it was a simple remittent, the quinine treatment before alluded to would soon ameliorate all the symptoms, the pulse becoming more full, softer and slower, the secretions gradually established, and convalescence soon apparent. On the other hand, if the case should be one of mixed disease, these doses of quinine will break up its periodical element, and leave the enteric fever to run its course without this dangerous complication, but uncontrolled by this remedy. Ordinarily, after the malarious disease is arrested, those anti-periodic doses are illy borne, producing irritability of pulse, and aggravating the cephalic, nervous and gastric symptoms.

"A residence in a malarious district creates a tolerance, even a demand for quinine, in very many cases of every class of disease, at all seasons of the year. And a proper appreciation

of this fact is of vital importance to successful practice in such regions."

Dr. S. has intimated above that the timbered regions are less malarious than the prairie. Allow us to remark that facts coming under our notice go to show that the prairie is the most free from our usual malarious diseases. We find in the "timber" not only a much greater amount of vegetable matter, such as leaves, rank weeds and branches of trees, but also a stream of water, the banks of which are at times overflowed, leaving a quantity of water to become stagnant. The wind being less strong in the timbered regions, it follows that the heat of the sun will be greater, and consequently decomposition of vegetable matter more rapid.

On the open prairie there is a constant breeze more or less strong, which, as a matter of course, must tend to dissipate miasm. It is a fact, too, according to our observation, that families who once lived in the groves, have, on removing to the more airy position upon the prairie, suffered much less from sickness. This is also the opinion of intelligent physicians with whom we have conversed, and who have had good opportunities for observation.

"The peculiar eruptions—rose-colored spots—was observed in about one-third of my cases, though they were not searched for carefully.

"On the treatment I have but little to say. In my experience the expectant method has in general been the most satisfactory. But I almost uniformly administer one or two grains of quinine with one-fourth grain each of opium and ipecac., three times a day, commencing early in the attack. It is generally well tolerated, and gives tone to the digestive organs. I have no cause for gratulation in the use of alcoholic stimulants. Blisters I have not found as troublesome as the authorities would make us believe. But I am careful to have them taken off as soon as vesication has commenced, and the process completed by means of a poultice. I have seen signal advantage follow their use, both as revulsives and stimulants. Mercury I administer to some extent in every case, generally in form of blue pill, but never designedly to ptyalism.

"Pneumonia is common in the winter and spring, and occasional cases are encountered at all seasons of the year. In the open sthenic variety, we find the usual symptoms of chill, succeeded by headache, high fever; full, frequent pulse; hurried respiration; pain in the breast or side of varying intensity; cough more or less severe; the expectoration viscid, and perhaps bloody or rusty colored; crepitation, followed by bronchial respiration and dullness on percussion. In these cases, as a rule, I do not employ general bloodletting; but after the operation of a mercurial cathartic, the patient is put upon pulv. opii, 1 to ij. grs., tart. ant. and potass, $\frac{1}{8}$ gr., to be given every two or three hours until rest is obtained, when the interval may be prolonged to four or five hours. The rule in administering the opium is to vary its amount and frequency by the severity of the pain or local disease; and after that has been relieved, to continue it at such intervals as may be necessary to keep up an opiate influence. The local abstraction of blood by cups, and the application of poultices to the chest, are often attended with marked benefit. After the intensity of the symptoms has been somewhat moderated, a large blister may be applied over the diseased lung; but this is not always required when the opiate treatment has been commenced early. A few grains of calomel, from six to eight, are administered every day or every other day, with an opium powder at bedtime, and, of course, purgations when demanded. Under this general treatment, uncomplicated sthenic pneumonia, as encountered here, is rarely if ever a fatal disease.

"Typhoid or asthenic pneumonia never prevailed to any extent in this immediate vicinity until the spring of 1856, although it may, perhaps, have existed previously in adjacent neighborhoods.

"During the summer and fall of 1855, nearly every person in all this region of country was attacked with intermittent or remittent fever. The following winter was uniformly very cold until about the 1st of March, when warm weather set in rather abruptly.

"At this time typhoid pneumonia began to appear, and cases continued to occur for several weeks; many died. It was most

frequently found on the prairie, where occurred the worst cases. During the summer and fall of 1856 there was again considerable malarious disease. The winter following was also very cold; and in the spring of 1857 we again had typhoid pneumonia, but not so extensively nor so fatally as in the previous spring. The past year was comparatively free from periodical fevers; the winter just closed was mild and open, and I have not heard of more than three cases of typhoid pneumonia in the neighborhood.

"The symptoms of this were somewhat different from those of the former variety of pneumonia. It usually occurred in those whose general health had been impaired, or constitutions were debilitated by previous disease. In every case so far as my observation extended, there was enlarged spleen readily detected by palpation or percussion.

"Compared with the sthenic variety, the attack was more insidious, the patient complaining for two or three days of general malaise and anorexia; the chill was of longer duration, and the reaction more imperfect, the face and trunk often being hot, even imparting a pungency to the touch, while the extremities were rather cool. Severe headache, frequently attended with a dullness, or with slight delirium, from the onset; restlessness; pain in the back, with general muscular soreness and debility; the pain in the side dull, and sometimes wanting; tongue red on the tip and edges, otherwise coated with a whitish or yellowish fur, which soon assumed a dark color, dry and cracked; sordes would collect on the teeth and gums; in many cases there was slight hemorrhage from the nose; pulse weak and frequent; respiration hurried and irregular; frequent sighing; cough short and generally loose; expectoration less viscid, sometimes dark, frequently thin and watery or bloody, often almost pure blood; crepitation indistinct and soon supplanted by mucous rale, and dullness on percussion. Commonly the right lung was the principal seat of the disease; but in every instance, I believe, both were involved.

"*Treatment.*—Generally the patient was put from the first upon the following:

℞ Sul. Quinia, . . . grs. xvj. to xx.
Calomel, ... " xv.
Pulv. opii, . . . " ij.
Ipecac., ... " j.

"Divide into four powders, and give one every three hours. Sometime even this amount of opium could not be borne, but when there was much pain, and little or no stupor, it could be increased to advantage. If there was much debility, camphor was added. When the tongue began to clean and moisten, or there was danger of ptyalism, the mercurial was withdrawn; but the quinia was continued till the last. If the bowels were not freely open daily, purgatives were administered; generally castor oil and spts. turpentine. It is important not to suffer the patient to lie too long in one position, which he will do if undisturbed. He should be frequently turned from the back to the side, etc., and supported in different positions by pillows. Dry cupping, sinapisms or hot poultices to the chest, and hot pediluviæ or mustard to the extremities, were sometimes used with benefit. But large and repeated blistering, generally from the commencement, was employed with most signal advantage. A blister, 8 by 10 inches, or larger, was applied over the seat of the disease, and suffered to draw well. After the excitement thus induced had somewhat subsided, if the amendment was not marked, it was applied to the other side. A strong irritation and depletion were kept up by these means (by reapplying the blisters if necessary), until convalescence was established. In the meantime, if the circulation should be flagging, or reaction imperfect, blisters were applied to the ankles and wrists also. This looks like a skinning process; but in my experience, it was second to no other means employed towards a favorable issue.

"Strangury was apt to result from this repeated and excessive blistering, but it was a sure indication of returning health; every case recovering after this effect was produced; the amendment dating from that period.

"I have no data from which to give the ratio of mortality; but under the treatment here detailed, commenced early, and perseveringly used, it was small. The great mortality mentioned,

BOOK AND PAMPHLET NOTICES.

A Manual of the Practice of Medicine. By T. H. Tanner, M.D., F.L.S., Author of a Manual of Clinical Medicine and Physical Diagnosis, etc., and Licentiate of the Royal College of Physicians; late Physician to the Hospital for Women, etc., etc. First American from the third revised and improved London edition. Philadelphia: Lindsay & Blakiston. 1858. Pp. 398.

The first three hundred and twenty pages of this little book is devoted to practice of medicine proper; the remainder to formula for *certain diseases.*

The terse style and brief attention to each particular disease enable the author to *go over* the most of the diseases usually treated of in a work on the practice of medicine. Dr. Tanner, in his preface, expresses the hope that his little work "may prove useful to many practitioners and students; and especially to those whose occupations prevent them from studying larger and more valuable treatises." We think that students ought not to be satisfied without studying larger and more valuable treatises, and that until they have done so—and then of course they may very properly dispense with this little work—they should neither think of, nor be allowed to practice their profession. We believe, further, that physicians whose practice has grown so large as to be unable to read larger and more valuable treatises will not need, by reason of their having more information and experience than is contained in, "this little work."

We cannot but believe that, for the good of the profession, such books ought to be discouraged. They encourage, in the lazy portion of the profession, a system of indolent routinism, discreditable to themselves and the profession at large, and extremely hazardous to the patients who trust themselves to their care. We do not wish to censure the honest labor of a brother in the profession too severely, but we must beg the privilege of speaking plainly on a matter of so much importance to the cause of correct medical education, as a treatise on the practice of medicine should be.

We have received the Transactions of the New Hampshire

Medical Society, the result of the Sixty-Eighth Anniversary meeting, held at Concord, June 1st and 2d, 1858.

As will be seen by the mention of the sixty-eighth anniversary meeting, this venerable society dates back almost to the days of the American Revolution. It is, notwithstanding its age, in vigorous manhood yet, and long may it live to do good to our noble profession. In addition to the minutes, it contains an able Valedictory Address from its retiring President, Dr. George B. Twitchell; an excellent Report of the Committee on Practical Medicine (the names of the committee are not mentioned); a Report on Surgery, consisting of some valuable cases from the pen of Dr. Dixi Crasby, by A. Smalley, M. D., of Lynn; a Paper on Carbuncle, by William Leighton, M.D., of Portsmouth; and some smaller productions by others. Dr. Twitchell thus very properly alludes to the prevailing instruments of female torture:

"Our modern fashion of dress, too, particularly with females, is a most frequent cause of disease: to what but the great weight of skirts, which the abdominal walls are obliged to sustain, are to be ascribed that so few of our women are free from uterine diseases? [Criminal abortions—Ed.]

"Is it at all strange that there should be prolapsus, antiversion or retroversion in that who moves about with the direct pressure downward upon the contents of the abdomen, of from five to eight pounds of skirts?

"A few years since was gradually destroying herself, and making her life miserable by compressing the chest, and thereby destroying the functions of the lungs by tight lacing; now or quite recently she has been ruining her health and unfitting herself for carrying out the object of her creation by transferring the compression of the chest to the abdomen, thereby destroying the functions of the uterine organs. Right glad am I that instead of six or eight skirts, which heretofore has been necessary to carry out the requirements of fashion in disfiguring the human form, hoops have been introduced, for though they equally disfigure the form, they do away with the neceessity of so great weight, and therefore relieve the abdomen. Again, how many of our modern women have unfitted themselves for

performing the duties of mothers by having prevented the due development of the mamma? In early childhood, before nature has thought best to give the contour of womanhood to the human breast, art steps in and by the addition of a few ounces of cotton the work is accomplished, and the girl in appearance becomes a woman! By the constant pressure of this though slight weight, the undeveloped nipple is prevented from duly forming, so that when nature has given a full supply of nourishment for the new-formed being, art has destroyed the means by which this being is to obtain the nourishment, and, as a consequence, the lactiferous ducts, not being relieved of the constantly increasing secretion, become overcharged, and inflammation, suppuration and all its attendant ills are the consequence."

The address is replete with sound sense throughout, and we should be glad to transfer more of it to our pages if space permitted.

AN ESSAY ON THE PATHOLOGY AND THERAPEUTICS OF SCARLET FEVER. By CASPER MORRIS, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society; late Lecturer on the Practice of Medicine in the Philadelphia Medical Institute, and Clinical Lecturer at the Philadelphia Hospital. Philadelphia: Lindsay & Blackiston. 1858. Pp. 173.

There is appended to this the Practical History of a New Epidemical Eruptive Miliary Fever with an Angina Ulcusculosa, which prevailed in Boston, New England, in the years 1735 and 1736; by William Douglass, M.D.

This treatise of Dr. Morris' is a well written work, gotten up for practical purposes, embodies the results of the experience and reflection of an able member of our profession, and is worthy of all respect. It should be in the hands of every practitioner who wishes to be *au fait* upon scarlet fever. Both of the above works may be had at Keene's book store on Lake street.

The BELMONT MEDICAL JOURNAL, published at Bridgeport, Ohio, has been received and placed on our list of exchanges. It is published under the auspices of the Belmont Medical Society, for the purpose of "diffusing the proceedings of the society still more extensively, by publishing their transactions and the voluntary contributions of the members of the society." Its editors are Drs. John G. Afflick and James M. McConahey. We wish it success. W. H. B.

EDITORIAL.

TO SUBSCRIBERS.

According to the notice we gave in the July number, this is the last copy of the Journal that will be sent to any subscriber who is indebted for more than the present current volume. We had hoped that three or four months' notice would have induced most of those on the delinquent list to pay up, but many have not done so, and we certainly shall not furnish them with the Journal longer gratuitously. We shall continue, however, to print a large number of extra copies, and any who may send in the amount of their indebtedness after the issue of this number, can have their volumes completed. None need delay sending the amount of their subscriptions through fear of its being lost in the post-office, for we assume all the risk; and in every instance where we are assured that money has been properly mailed, we credit it to the individual, whether it has ever reached us or not. If any who have sent the amount of their subscriptions find their Journal stopped, let them inform us at once, and we will correct the error.

INVERSION OF THE UTERUS.

A case of this kind is reported in the present number of the Journal, which possesses some features of interest. Spontaneous inversion of the uterus, any considerable time after delivery, is a very rare occurrence. Yet if, as Dr. Fisher states, he felt the uterine tumor above the pubes after the placenta was removed, and there were no severe symptoms, such as dangerous flooding, syncope or prostration closely following the expulsion of the child and placenta (or for several weeks afterwards), it is scarcely possible that the inversion took place at the time of delivery. It is proper to state in this connection, that when called to see the patient in consultation with the attending physician, I questioned both the patient and her mother, carefully and minutely, in regard to what transpired at the time of the confinement, and I elicited no facts differing from the

statements given by Dr. Fisher. Relying on the correctness of the history given both by the attending physician and the patient, the most rational mode of explaining the occurrence of the inversion, was, by supposing that the shortness of the umbilical cord produced, at the time the child was expelled, sufficient traction to indent the fundus of the womb at the same time that the placenta was rapidly detached. This simple indentation or partial inversion remained without increase so long as the patient remained steadily in the recumbent posture, and she slowly recovered. But so soon as she began to sit in the chair, and the weight of the abdominal viscera was allowed to bear upon the contents of the pelvis, it tended directly to increase the depression of the fundus; and when she added to an erect position of the body beside her piano the act of singing loud and clear, the downward pressure was sufficient to complete the inversion. This explanation is rendered the more probable, from the fact, that the hemorrhage, which ultimately led to the discovery of the inversion, commenced very soon, if not immediately, after the act of singing. In all ordinary cases it is true that the mouth of the uterus becomes so firmly contracted in a few days that a complete inversion could not easily occur. That such contraction does not always take place, however, is fully proved by well authenticated cases. Thus Ana and Baudeloque relate a case of complete inversion that occurred *twelve* days after confinement, from simply straining at stool. And if it may occur twelve days after delivery, there is no reason why it may not fifteen or twenty days after. At the time of the consultation, the patient was so timid, that it required much persuasion on the part of her husband and mother to obtain her consent to have an ordinary vaginal examination. Chiefly on this account it was not deemed advisable to urge an immediate attempt to replace the uterus, but rather to allow the patient a little time to realize her condition, not doubting but she would thereby acquire more fortitude and be in a better condition, both mentally and physically, to undergo so important an operation. I, however, neither saw or heard anything further of the case until Dr. Fisher furnished the report to which these remarks refer.

CLINIC AT THE MERCY HOSPITAL, MONDAY, OCTOBER 18TH, BY PROF. N. S. DAVIS.

REPORTED BY E. A. STEELE, A.B.

GENTLEMEN,—This morning I desire to call your attention to the interesting features of the case now before you.

On examining the patient this morning you will find the pulse moderately increased in frequency; the skin dry, and universally of a deep yellow color; the tongue covered with a thin yellowish fur, but not dry; the epigastrium full and tender to pressure, though the effect of pressure is more a feeling of sickness or nausea than of acute tenderness. The same feeling of undue fulness and nausea is felt a little while after taking food or drink. The bowels are inactive, and the patient drowsy. The urine is scanty and of a deep yellowish brown color, from the coloring matter of the bile. The patient tells me he has been laboring under these symptoms during the last eight or ten days, and has taken some cathartic medicine. In one sense, the diagnosis in this case is very easy. The deep yellow hue of the skin, the conjunctiva, and even the secretions, would lead any of you to say he had the *jaundice*. But I wish to impress strongly on your minds the fact, that *jaundice* is not a disease; that the word itself conveys no idea of a definite pathological condition. On the contrary, it, like *dropsy*, is a mere symptom, which may be produced by a variety of pathological conditions.

Obstruction of the biliary ducts by calculous concretions, too great viscidity of the bile itself, atony or want of action in the capillary branches of the biliary ducts in the liver, inflammation and swelling of the lining membrane of the ducts, or of the mucous lining of the duodenum; in a word, everything that is capable of retarding or arresting the free flow of bile from the secreting lobules of the liver into the duodenum, is capable of producing *jaundice*. Hence, in a case like this, a proper diagnosis consists, not in pronouncing the disease to be jaundice, which really means nothing more than a saffron color of the cutaneous surface from excess of retained bile, but in determining carefully which of the several pathological conditions capable

of interfering with the proper exit of bile from the liver, actually exists in the patient before us.

You can only distinguish these several pathological conditions by clearly appreciating the symptoms and ascertaining the history of your patient. As long as the biliary calculi remain within the gall bladder, little or no phenomena result from their presence; but when they, in their egress, are passing along the cystic or common duct, you will have a train of phenomena very different from that which characterizes the jaundice, depending upon the inflammation of the duodenum. The patient is suddenly attacked with intense pain in the epigastric and hypochondriac regions; the stomach sympathizes, and we have nausea, cardialgia, and sometimes vomiting. The abdominal muscles are thrown into spasmodic contraction; the extremities become cold; the body bathed in perspiration, and the pulse is often hard and contracted, but seldom accelerated. The pain is more intense than that which attends any form of inflammation, yet the pulse, as a general thing, is but little disturbed either in force or frequency. If the obstruction is not removed, the urine becomes highly colored, and in most cases the patient grows brightly jaundiced. This will not always be the case, since, while the concretion is in the cystic duct, there need be no jaundice; and if, from its angular shape, it only partially obstructs the common duct, it may be only transient, appearing and disappearing with rapidity. But, in some cases, you will find that the efforts of nature to relieve the obstruction will be unavailing; it remains impacted in the duct, and its presence excites inflammation; lymph is thrown out, and the canal is entirely closed. In other cases, these concretions have been found to make their way into the duodenum, by ulceration, and were thus discharged. But that which arises from the impaired condition of the absorbent ducts is more difficult of diagnosis: there is a weight and heaviness in the right side, sometimes enlargement of the liver, but the patient becomes gradually jaundiced, and presents no very positive symptoms. On the contrary, that, which (being satisfied as to the pathology) I have styled the "*hepatico duodenitis*," is easily distinguished from the former. The patient does not have his usual appetite;

in some, a slight tenderness over the epigastrium, with an unpleasant fulness upon taking food. The unpleasant symptoms pass away, and the patient neglects to apply for relief. But in their recurrence, perhaps aggravated by delay, conceives the idea that this fulness and sense of nausea may be effectually relieved by an emetic, or, in order to rouse the torpid condition of the liver, a cathartic is taken. The emetic does not produce the relief anticipated; very little bile is discharged, and only a thin mucus secretion is thrown off the stomach. In more severe cases, you will have all these symptoms aggravated; the epigastrium becomes full and tender on the slightest pressure, and whatever is taken into the stomach is rejected immediately. There is deficient secretion generally; skin dry and hot; pupil of the eye dilated, and you have the usual symptoms that characterize the typhoid condition. No delirium, but patient becomes dull and drowsy from the narcotic effects of the natural coloring matter of the bile, together with the accumulation of urea in the circulation from suspended secretion. Sometimes vomiting will occur of a dark coffee-ground serous fluid, analogous to the black vomit of yellow fever. This will not depend upon the quantity of fluid taken, but the serum of the blood, with degenerated red corpuscles, is effused through the capillaries of the mucous membrane, and changed in its color by the acid of the stomach. If these symptoms continue, the skin assumes a more bronzed hue, pulse grows small, and the patient dies.

I have seen but two fatal cases of this form of disease, and in one of them a post-mortem examination was made. I found the whole surface of the mucous membrane of the duodenum strongly injected with blood; several spots of a dark brown color, and decidedly softened; with general tumefaction or swelling of the membrane. The same marks of inflammation existed in the lining of the hepatic ducts throughout their whole extent; and the liver was moderately enlarged, the bloodvessels of its central portion much engorged, and the texture of the same part so softened as to be easily lacerated with the finger. The other organs of the body gave no important marks of disease.

This examination fully confirmed the opinions I had before entertained, viz: that the cases of acute jaundice which we so frequently meet with, especially during protracted wet weather in the autumn, and sometimes in the spring; and which, like the patient before us, presént a sense of fulness, tenderness and nausea in the epigastrium, with slight febrile symptoms and general lassitude,—are simply cases of a low grade of inflammation in the mucous membrane of the duodenum and hepatic ducts. The increased vascularity and consequent tumefaction of the membrane, obstructs more or less the flow of bile through the ducts, causing much of it to be reabsorbed and diffused throughout the tissues, and giving to the whole surface the deep yellow color which is so prominent a feature of the case before us. Being satisfied in reference to the diagnosis and pathology of the case, the next inquiry is in regard to the indications for treatment. These are the same as in any other inflammation of a sub-acute character; namely, to lesson the sensitiveness and vascularity of the inflamed structure, and to promote secretion generally, which has been diminished by the depressing effect of an excess of bile in the blood. In severe cases, leeches to the epigastrium, followed by fomentations and subsequently a blister, will be of much service. But in cases like the one before us, a judicious combination of anodyne and alterative medicine, with an occasional laxative, will speedily restore the patient. Many regarding chiefly the torpid condition of the bowels, the sense of fulness in the epigastrium, and the yellowness of the skin, have commenced the treatment of these cases with an active emetic, followed by mercurial cathartics. But I have never known a case of this kind in which the operation of an emetic was not injurious. The remedies that have generally succeeded best in my hands are the following:

℞ Pulv. Doveri, . . . 30 grs.
Pulv. nit. potassa, . . 30 "
Sub-murias hydrarg., . . 10 "

Mix; divide into six powders, and give one every four hours until all are taken. In some cases the stomach is so irritable, that the pulv. Doveri will be rejected by vomiting. In such, we may give, as a substitute, from $\frac{1}{6}$ to $\frac{1}{4}$ of a grain of morphine

in each powder. If no evacuation of the bowels should occur, after the exhibition of the remedies in the quantities indicated, I would give a laxative of a mild character; the Seidlitz powder is to be preferred; being both alkaline and saline in its constituents, it will serve to render the bile less viscid, and promote the action of the kidneys. If no special effect should follow from the use of two or three of these powders, I would not persist in their administration, but suspend all internal remedies, and order an enema of salt and water. After the free movement of the bowels in this way, I would return to the powders of nitras potassa and pulv. Dover's, leaving out the mercury altogether, or reducing the proportion just as the discharges from the alimentary canal and the general condition of the patient might indicate. I have hardly ever found that when the bowels were opened, after a repetition of the medicine the second time, that full and general secretion was not established, and the symptoms of the disease rapidly ameliorated.

This patient, on his admission to the Hospital two days since, was put upon the use of the remedies just indicated, and his bowels have been moved for the first time this morning. Although a decided improvement has taken place, especially in reference to the nausea and distress in the epigastrium, yet the alvine evacuations were light colored, and the skin continues dry and above the natural temperature.

We will, therefore, direct a continuance of the pulv. Doveri and nit. potassa, 5 grs. each, with calomel 1 gr., repeated every four hours until six additional doses have been taken. Then we will cause a movement of the bowels by the same means as before. On some future morning your attention will again be called to the patient, when you will learn the results of the treatment.

Three mornings subsequently, the Doctor again called the attention of the class to this patient, and remarked that after the completion of the treatment directed at the previous interview, two or three free dark green evacuations were procured, showing that the bile flowed freely through the ducts; and at the same time the tenderness, nausea and the febrile symptoms were entirely removed. The skin was moist and the urine

copious, but like the skin highly impregnated with the coloring matter of bile. To keep up a free state of the secretions until the blood should be fully depurated, and at the same time restore a healthy tone to the digestive organs, the following pill had been ordered:

℞	Sulphas ferri, . . .	20 grs.
	Pulv. aloes, . . .	10 "
	Ext. hyosciamus, . . .	20 "

Mix, and divide into twenty pills. One had been taken before each meal, and 2 grs. of blue mass at bedtime. The patient now feels quite well, and is able to take food without any inconvenience.

The yellow color of the conjunctiva and skin is also much diminished. The Doctor remarked that the blue mass might be omitted after one or two more doses, and only the tonic-laxative pill continued. He also remarked that such patients, when discharged, should be instructed to wear flannel next the skin, to avoid rich and highly seasoned food, and all stimulating drinks, as the best mode of preventing a relapse.

The patient was discharged quite well on the ninth day after admission.

SIXTEENTH ANNUAL COURSE OF LECTURES IN RUSH MEDICAL COLLEGE.

The general introductory to the college session for 1858–9 was delivered by the professor of anatomy, Dr. J. W. Freer, on Monday evening, November 1st, to a larger class of students than has been present at the opening of the session for two or three years past. The lecture was well written, and in sentiment, strictly appropriate for the occasion; but as it will soon be published, we will not attempt to give our readers an outline of it at this time.

The term is now fairly commenced, each professor being at his post; and with two hospitals accessible to the students for regular clinical instruction, we think the facilities for acquiring a knowledge of medicine and surgery equal to that of any other school in our country.

PROFESSIONAL APPOINTMENTS.

The chair of surgery in the National Medical College, at Washington, made vacant by the resignation of Prof. May, has been filled by the appointment of Dr. John G. F. Holston. The chair of chemistry in the Virginia Medical College has been filled by the appointment of Dr. James B. McCaw.

NEW YORK STATE INEBRIATE ASYLUM.

The State of New York enjoys the honor of being the first in our country to appropriate the means for establishing a State institution for the reception and treatment of confirmed *inebriates*. It has been located in the beautiful village of Binghamton, in the southern part of the State, and the corner stone was laid on the 24th of September last. Rev. Dr. Bellows, Dr. John W. Francis, Hon. Edward Everett and Hon. D. S. Dickinson, took part in the exercises.

OMISSION.—At the bottom of page 532, the words "to be continued" ought to have been inserted.

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Extractum	Aconiti	Fluidum,	One	fluid	drachm	is	equal	to	½	a drachm of the crude material
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

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It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

Our solution is of uniform strength, containing 35 per cent. of the dry chloride, and for most purposes should be diluted with twenty times its bulk of water. It is the cheapest, most effectual and convenient disinfectant known.

Its application is perfectly safe, both to persons and property; it is also free from the noxious and disagreeable odor of the chloride of lime, and the directions pertaining to the various disinfectants in common use. Full directions accompany each bottle.

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Granules 1-50 *of a grain each.*

Aconitine.....in bulk
" .....Bottles of 100 Granules
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" .....Bottles of 100 Granules
Atropine .....in bulk
" .....Bottles of 100 Granules
Digitaline.....in bulk
" .....Bottles of 60 Granules
Morphine.....in bulk
" .....Bottles of 100 Granules
Strychnine.....in bulk
" .....Bottles of 100 Granules
Valerianate of Atropine.....in bulk
" .....Bottles of 100 Granules
Veratrine .....in bulk
" .....Bottles of 100 Granules

Granules 1-5 *of a grain each.*

Tartar Emetic.....in bulk
" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" ".....Bottles of 100 Granules
" Opium.....in bulk
" " .....Bottles of 100 Granules
Proto-Iodide of Mercury.....in bulk
" " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
" " " Bot. of 100 Granules

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Ext. of Ipecac, 3-50 gr. equal to ¼ grain pow .....in bulk
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Dragees in bulk, come out in bottles of 500 each, unless ordered otherwise.

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Opium et Acet. Plumb, each 1 grain.... "
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" " " Bottles of 100 Dragees
Conicine.....in bulk
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" " .....Bottles of 130 Dragees
Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
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" " " Boxes of 80 Dragees
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Ergot. powder cov'd with sugar as soon as pulverized.....in bulk
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" " Cubebs & Cit. Iron.in bulk
" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
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" " and Alum .....in bulk
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We subjoin a List of these Preparations, to which additions will be made from time to time.

Powders.	*Obtained from*	*per oz.*
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Alnuin,	Alnus Serrulata,	1 00
Apocynin,	Apocynum Cannabinum,	2 00
Asclepin,	Asclepias Tuberosa,	1 50
Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerasein,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
Euonymin,	Euonymus Americanus,	1 50
Euphorbin,	Euphorbia Corolata,	1 50
Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
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Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea,	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
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Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
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" " Euonymus Amer.	0 50
" " Eupatorium Purpu.	0 75
" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
Con. Comp. Stillingia Alterative,	1 00
Xanthoxylin Pills,	0 50
	per bot.
Con. Tinc. Gelseminum Semp. 6 oz. bot.	1 00
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Wine Tinc. Lobelia Infl., 6 oz. bot.	0 50

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Oil Lobelia,	1 50
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THE CHICAGO

MEDICAL JOURNAL.

VOL. I. NOVEMBER, 1858. No. 11.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

REMARKS ON THE CONDITION OF THE SYSTEM, BETWEEN THE PERIOD OF OVERPOWERING STIMULATION AND REACTION.

BY ORRIN SMITH, M. D., LATE PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN THE UNIVERSITY OF VERMONT.

(Read before the Chicago Medical Society.)

MR. PRESIDENT AND GENTLEMEN OF THIS SOCIETY,—

Permit me to call your attention to that interval of time between the stage of excitement and the stage of reaction.

We all acquiesce in the proposition that the blood answers certain intentions in the animal existence; among which are:

1*st*. To provide material for the nutrition and maintenance of the several parts of the body.

2*d*. To convey oxygen to the several parts, to enable them to perform their functions, and combine with effete or refuse material.

3*d*. To bring from the several parts those refuse matters, and convey them to where they may be discharged from the body.

And it is also universally agreed that the blood is propelled to all parts of the body by the *agency* of nervous power operating

upon the striped and unstriped muscular tissue. So that after we have canvassed all causes of vital action, examined the functions of digestion, nutrition and assimilation, and reproduction of tissues, we necessarily fall back upon that something which all call vital force or nervous power, and locate it in the brain and nervous centres, as furnishing the agency by which these phenomena are manifested. And whether this vital power, for the performance of these and other functions, is, or resembles galvanism, electricity, or electro-magnetism, or any form of philosophic power, it is not my present purpose to inquire; or when it will be demonstrated in what nervous power or agency consists. It is sufficient for our present purpose to inquire, how is this vital power, which gives action to every organ, supplies the power for the performance of every function, produced? Or rather, what are the favorable and unfavorable circumstances for the development and perpetuation of this power, so far as they are known? For it may be borne in mind that we cannot make any very lucid claims to understand this subject, and demonstrate it as a science. Still many of the phenomena of nervous power are understood and appreciated by the profession. For instance, when, in tracing embryotic dovelopment, we say that the nervous structure is early and largely developed, and that through the periods of fœtal and infantile existence this development is proportionally larger than in adult years, and when we assert that during these periods the nervous structure is more sensitive to impressions, both physiological and pathological, we only assert a truth which is well known to the profession, and one which is probable no future discovery will repudiate.

Neither should we need to be reminded that this exalted estate of the nervous sensibility can only be maintained, except by a proportionally larger supply of the blood being sent to the nervous centres. It is also conceded that the operations of the mind, mental effort, are but functions of the brain and nervous structure or tissue. Hence, mental energy and emotion, either of childhood or adult years, implies that not only the nervous power is in an exalted state, but the vascular organs supplying the nervous structure are also in a state of excited action or

excitement, proportioned to the amount of demand for that nervous power. And this exalted state of the nervous and vascular structure is to be continued until the object of the demand is attained, or the system becomes exhausted by its efforts, and relaxes into a state of inaction or repose, proportioned in length to the amount and continuance of the previous excitement, and the ability of the system to recuperate itself by restoring the lost energy of the nervous system and rebalancing the circulation. And although in philosophy it is laid down as an axiom, that action and reaction are equal, and in physiology that subsequent excitement is usually proportioned to the previous depression, neither of these propositions explain the operations of, or cover, the period to which our attention is now directed. But it is to that intervening period before alluded to, where *inanition*, proportioned to the previous excitement or demand for vital force, *takes* the place of excitement and *normal action* also, to which I wish more especially to refer, for the purpose of deciding as to its practical bearings in the everyday duties of our profession.

In our profession it is well understood, that in active inflammation, depletion and antiphlogistics proportioned to the demand are requisite; in congestion, a restoration of the normal condition of the circulatory function is the indication; and our rules for treating these cases are well defined, and acquiesced in by the profession generally. And when errors occur in treating such cases, they are usually the result of mistaking the intensity or severity of the pathological condition, or the potency of the remedies indicated, and not the indications to be answered or means to be used. But this, I apprehend, is not always the case in that period of pathological action, if it can be so called, which we have under consideration—a period of time of uncertain length, which is measured by the circumstances of the *cause*, the restorative power of the system, and the means employed for the restoration of the normal condition; and according as these may affect the case, it may be of trifling account, or important as life, with all intermediate conditions and complications. In many cases to which I allude, the symptoms may be so prominent, as to make the condition

almost self-evident; while, in others, it may be quite different by our ordinary methods of reasoning. For instance, we see this condition portrayed when some sudden intelligence or fright operates as an overpowering stimulus, and blanches the cheek of the sensitive female, and she, pale, lifeless and senseless, falls to the ground, an inanimate mass of yet living sensibilities, and all in abeyance to nature's physical laws. It is true that here the whole range of the exciting cause may have been as rapid as thought, or of duration scarcely longer than the lightning's flash; or, in other cases, the effect of that disturbed state of the electricity of the atmosphere may annihilate the nervous power of the system, by what is called the lightning's stroke; and in these cases, where the concussion has produced none but functional lesions of organs, the condition of the system is much the same as in the former supposition, only more rapid, perhaps more violently produced, and may, or may not, be more serious in its consequences.

Now what is here the pathological condition of patients in the two cases? Why, simply this, the overpowering stimulus of thought in the one case, and the stimulus of the electric fluid in the other, have suspended the functions of the brain, the nervous power, and, as a consequence, the muscular tissue of both voluntary and involuntary motion is suspended, and temporarily or permanently, according to the severity of the exciting cause, treatment, and other conditions before named.

Here we find the blood no longer pressed upon the brain with sufficient force to enable the brain to keep up its function of furnishing the nervous power, and, consequently, the muscular tissues of the heart and arteries no longer presses the blood upon the brain with sufficient force, and, as a consequence, the muscles of voluntary motion have entirely lost their contractility, and the body being left to action of physical laws, assumes a horizontal position.

What next do we see? We see also the blood leave the surface, receding from the capillaries, and falling back into the larger vessels, and why? Simply to make, by the force of gravity, that pressure upon the brain which is lost by the want of muscular contraction. And this resumption of the functions of

the brain may be induced so long as the endangium supplies the necessary vitality of the blood to prevent coagulation in the heart and larger arteries; and when by the force of gravity the blood exercises a sufficient amount of pressure upon the brain, it proceeds to give off that vital energy which is the source of contraction, and consequently the functions of respiration and circulation are resumed. It is true that in the restoration of these cases we can assist by sprinkling the face and chest with cold water, by quick, smart blows upon the muscular and flat surfaces of the body, to rouse the dormant nervous power of the system. These last are simply stimulating to whatever there may be of nervous power in the system; while the recession of blood from the capillaries and consequent pressure of blood upon the brain *engenders* or *produces* vital action, and is *nature's* own remedy.

We have the same condition of abated nervous energy or power when the system is brought under the full therapeutic effect of tobacco, antimony, veratrum viride, colchicum, etc., etc., modified by the peculiar specific properties of the agents named, except the property of mere depressors of nervous power.

Again, a man receives a severe injury, extensive laceration, bruising of soft parts, or fractures of bones, then follows the stage of depression known as "*the shock*," which is a constitutional effect immediately following the injury; and our best modern surgeons and pathologists say that it consists in "a disturbance of the circulatory, respiratory and nervous systems," "the harmony of the great organs becomes deranged;" which is all very true; but in this description of phenomena is the true pathological condition indicated? In my opinion it is not, and therefore the true principles of treatment are not shadowed forth in the pathological description. The shock, to my mind, is simply the abated or lessened power or physical function of the brain, and the disturbed respiration and circulation are only a *consequence*, a want of motive power derived *from* the brain. Let us look a little farther and see what follows, and to prevent any peculiar notions of my own from warping my judgment in description, let me quote from Erickson's Surgery, one of our best and most popular modern works. He says: "On the

receipt of the injury the sufferer becomes cold, faint, and trembling; the pulse is small and fluttering; there is mental disquietude and depression; the disturbed state of the mind revealing itself in the countenance, and in the incoherence of speech and thought; the surface becomes covered with a cold sweat; there is nausea; perhaps vomiting, and a relaxed state of the sphincters. In extreme cases, the depression of power is so great as to terminate in death."

What does all of this formidable train of symptoms indicate? To me, a want of nervous power sufficient to keep up the tonicity of the system; the necessary pressure of blood upon the brain.

How much does this differ from the pathological condition before named, except in degree and modifications of pain and mental excitement, perhaps? When carefully considered, I will say, not essentially, and the differences are only the superadded conditions to the great pathologic cause, the suspended function of ennervation. And these phenomena are dependent, not upon concussion, but the effect of the stimulation in suspending the functions of the brain and large nervous centres. Or let an artery be wounded, and the blood flow until the brain fails to receive the necessary pressure, and what follows? Why, simply the same symptoms, with some slight variation, but not enough to make us doubt our diagnosis in the preceding cases, but rather to confirm it. We find here the same general phenomena as in ennervation following mental emotion, and nature left to herself, pursues the same restorative process. It is true, in the last named supposition, before complete restoration, the digestive function may be called upon to supply the deficiency of the vital fluid; but we must have reaction previous to this, and therefore it does not come within the limits of our investigation.

We also find the same condition of the system when we find our patient sunken, prostrate from menorrhagia, or uterine flooding from any cause. And this remark is as applicable to floodings in parturition, either premature or at term, as to any condition which could be named. And permit me to add, that when this principle of causing blood to press with sufficient force upon the brain shall be properly understood and practised by

the profession generally, we shall have disarmed the lying-in room of one-half of its terrors, as they at present occur.

Death from uterine flooding will be of very rare occurence! Retained placentas seldom heard of! And hour-glass contractions almost a myth. The occurrence of uterine inertia lessened. And the time of parturition materially shortened! as it has been during the last twenty-five years, by a general substitution of the recumbent, or rather semi-recumbent, position for the sitting posture during labor. We will also find the tampon, as an appendage to the lying-in room, *seldom* required, and the transfusion of blood *uncalled* for!

I am aware that there is a tone or spirit in these remarks which should be exercised with caution, that one is liable to be led headlong by his own enthusiasm; but I trust I have sufficiently investigated this subject so as to speak only of legitimate deductions from properly investigated causes; and if so, I shall be pardoned by all lovers of medical science for any apparent over-zealous remarks.

In parturition, the physical exertion long continued exhausts the nervous power which supplies the muscular tissue, and it is quite often the case that labor is suspended, while the patient sleeps and rests, to restore the lost vitality; and when, in approaching this stage, the pains become shorter, and the intervals longer, the phenomena only indicate that the brain and nervous centres are not receiving that amount of pressure which is necessary for the performance of the functions of animal life and parturition added.

Long continued muscular exertion from any cause produces the same physiological result. The question may be properly asked, whether it is not the exhaustion of the muscular tissue itself, instead of the nervous power, which gives the want of contractile force to the muscles. This and many other collateral questions are too long to discuss at length in this paper; still I will say that tonic spasm, for weeks or months even, does not abate itself by contraction, nor is it abated so long as the nervous pathological condition which causes it is in existence. And that clonic spasms, when they, by the force contractions and relaxations, have depleted sufficiently the *nervous* irritability,

always end in repose. Again, the knowledge of this principle should be with us in the treatment of acute disease. For we may exhaust the nervous or vital power of the system, while local or general acute disease is unsubdued; and the same may be said of some febrile diseases.

Let me take another instance for illustration, and I will take a case whose pathology does not appear to be closely defined in our text books, or whose pathology is not generally understood alike by the profession, and it is one which will be easily appreciated if my present position is correct; I allude to *coup de soleil* or sun-stroke. Here we find this same physiological condition of the great nervous centres, and why? It is for the reason that the heat has suddenly relaxed the capillaries, and perhaps, indeed, muscular exertion is added, to exhaust nervous power; while the relaxed capillaries, by suddenly admitting blood from the larger vessels, drain the blood from the brain, so that it fails to perform its function. True *coup de soleil*, I apprehend, is always distinguishable from, and should never be confounded with, apoplexy, or congestion of the brain. It is a grievous error to mistake one for the other; yet I infer that it is quite common to regard *sun-stroke* as a *congestion* of the brain: a worse error could not be made, as it totally misdirects the treatment, if my pathological opinions are correct. Hence, I will say, let apoplexy, congestion of the brain, and *coup de soleil*, be treated according to their several pathological indications.

When the physician steps between the patient and the recuperative operations of nature, and endeavors to set up a new process which *he* may term restorative, there can be no matter of *doubt* about the value of his prescriptions. This may be best illustrated by a case which occurred in our streets only a few days since, of an Irish laborer, who was the subject of *sun-stroke* while employed in grading one of our public streets. The treatment employed by "Biddy," his wife, may be worth detailing, as illustrating the fertility of genius in prescription; and certainly it was not so far-fetched as some *regular* prescriptions have been. When news was brought to "Biddy" that her husband was sun-struck, she hurried to pour and carry

to him some chicken broth which she was making for his dinner, and gave the poor man some "sups" of the same. When she bethought her, that her good man always liked a smoke after eating, so she propped him in a sitting posture against the fence and hasted to bring his pipe, but her absence was to long for the drained brain of Pat, and she returned to find him dead—a martyr, perhaps, to her unskilful prescription; but neither herself nor the bystanders saw any impropriety in draining an exhausted brain of its remaining vitality, and poor Pat was buried in due time, because nature's chosen agent, position, for his recovery, was denied him, although in kindness.

But we must expect unscientific treatment in *coup de soleil* until its true pathology is understood and impressed upon the public mind; and when this is the case, we shall be content to let the body lie supine, with head pendant, and let the blood *leave* the surface as nature orders, without attempting by rubefacients and external stimulants to *keep* the blood upon the surface and away from the deep-seated vessels which make direct communication with the brain. And we shall understand that the most approved and popular remedies of our text books, as ammonia, alcohol, by the mouth or rectum, when the patient cannot swallow, can only operate to stimulate that nervous energy by indirect means which can be accomplished directly by *position*. These remedies are all well enough, but a *direct* nervous power derived from due pressure of blood upon the brain, is worth more than *all* other remedies in these cases. And nature emphatically points the way to lay the head low, give free circulation of air, *let* the blood *leave* the surface until reaction takes place; these are the first steps to reaction, and with them many a sun-struck man will, in due time, resume his avocation, when, with other treatment, he has done his last work.

And where but in this same interval of time, between the period of excitement and reaction, shall we look for the cause of death in those persons who, in times of severe epidemics, die of fear and its consequences, as has been observed in cholera, plague, yellow fever; and where shall we find the pathological indication of cure but in the course I have named, and to remove, if possible, the mental emotion which is destroying the nerve power.

Again, the army surgeon has a wide field for studying this ennervation of which I am speaking; and, perhaps, at no moment during the battle does so many combatants die as at the moment that the "shout of victory rends the air," when each prostrate hero raises his head to see "*who flies*," when the blood fails to make the necessary pressure upon the brain, and he falls back a corpse, and from wounds not necessary fatal, but because they have drained him of his *blood*, and its consequences follow.

I will illustrate the practical bearings of *position* upon the period of time of which I am speaking, by giving the details, in part, of a single case which occurred in my practice; one from the class of every-day occurrences, important, because fully demonstrating the grounds of my assumption.

Case 1. In February, 1854, I was called to see a Mrs. S., at nine o'clock a.m.; found she had a miscarriage at four p.m., the day previous, and that she had flowed profusely through the night, so that, in the judgment of her husband and two ladies of the neighborhood, she had fainted more than fifty times during the interval. My patient being at a distance of some seven miles, I was prepared to find a desperate case on arrival; and was not dissapointed, when I was told by the nurses that she had been dead for half an hour. They were the only persons present, her husband having come for me, and did not keep up with me in my rapid drive to his house. And they further said, they were waiting for him to come and say how he would have her "*laid out.*" On my expressing a doubt of her having been dead half an hour, they affirmed that it *must be* twenty minutes, and they thought half an hour, since she had breathed or shown any signs of life. I repaired immediately to the room, where the body lay upon the bed, with her arms folded across her chest and her eyelids kindly drawn down until they nearly covered the eyeball, and surely, so far as any physical signs could disclose, on a hasty examination, she was dead. My hand passed over the region of the heart, discovered no pulsations; she had bled, in a horizontal position, until all evidence of vitality had ceased—I had full reason to think from twenty minutes to half an hour; for her attendants were perfectly calm and cool, and were persons of strict integrity. Under this forbidding

aspect, I immediately decided to put in practice a principle of causing blood to *press on the brain by gravity* instead of vital power, which seemed most thoroughly absent. I immediately removed the pillow which was under her head, which let the posterior part of her head fall over the edge of her feather bed and rest upon her mattress. I then raised the foot of the bed by putting a common chair under each foot-post—which must have raised her feet above the head some eighteen or twenty inches. I then directed each female attendant to rub a lower limb, in a manner to drive the blood from the extremity toward the brain, and to rub briskly; which, after *twice* telling me that *she was dead*, and asking me if *I was crazy*, I succeeded in getting them to do, while I performed the same manipulation upon the upper extremities, alternately. After pursuing this course some two or three minutes, perhaps (for we kept no record of time, only from memory), she gasped convulsively, like one of those deep, long-drawn gasps which we see as the last gasps of life. We briskly continued the rubbing, when, in less than a minute, she gasped again; and again, and again, at shorter intervals, until probably within five or six minutes, regular, free, quiet breathing was restored. When her breathing was well established, we desisted from the frictions. After breathing quietly some ten minutes, perhaps, she opened her eyes and recognized me with a faint smile. And I asked her if she wished her lips wet, and she faintly answered, yes, and I gave her a tea-spoonful or two of cold water, in which was a small amount of tincture of camphor, I not designing to get any medicinal effect from anything but position, in order to test fully, in an extreme case, my chosen remedy, *position*.

We now kept still, and she rested in a quiet slumber—perhaps half of an hour—when she awakened, and said she had been asleep; inquired how long I had been there, and if she was worse.

In the meantime, slight color had returned to her lips, and she had pulsations of the radial arteries. As I had abundant reason thus far to be satisfied with my remedial agent, I resolved to further test its power, and rely upon position alone in the end. Then I proceeded to turn out the clots from the vagina,

when the uterus gave very good tonic contraction, making its tumor manifest above the pubes. I staid with my patient about four hours, during which time her soiled clothing was removed, and her bed made as comfortable as the pendant position of the head would allow. The uterus, in the meantime, kept up good tonic contraction, and the flooding had entirely ceased from her first assuming position, and a cloth wrung from cold water was kept cool and applied to the vulva, but was scarcely soiled by the discharge, so perfect was the contraction. Long before I left, reaction had taken place; she had learned the whole story of her illness, and expressed her gratitude for attentions. Without treatment, I think she would have had no further changes but the "*rigor mortis*," and the common changes of decomposition; and I left her, feeling that her life was as safe as patients generally, after ordinary confinement. I gave permission to lower the foot of the bed one half of its elevation that night, and the other half by successive depressions the succeeding twenty-four hours; with full directions for dietetic restoration of lost blood. I did not see her again for three weeks, when she called upon me at my place; and I then prescribed some bitter laxative and a preparation of iron, to complete the process of sanguification. She was speedily and completely restored.

I offer this single case as one covering the grounds of my remarks. It is indeed the most prominent one which has fallen under my observation; although I could quote many of less striking importance, based upon the same principles. And here let me digress to say, that I think it is a common custom in uterine floodings, with many, if not a majority of practitioners, to order their patient to lie still in bed, while blood and discomfort accumulates around them. After my previous remarks, you are prepared to hear me say, that all such cases can be moved, and even benefited, by lessening the danger by removal to easy positions and fresh beds as needed (and no precaution is needed in such cases, except to keep the head lower than the body); and often this very removal changes the aspect of the case—makes the patient comfortable, and removes the danger by checking the flooding.

I have seen cases of menorrhagia of the passive form, which, in the judgment of good practitioners, would terminate fatally in twenty-four hours, change their aspect entirely by depressing the head, or rather elevating the feet and body without change of medicine, and rapidly progress to recovery, the discharge lessening from the first hour of *position*.

Since I have known something of the value of position, I prize the general stimulants as of less value than formerly, in my practice; not that I would discard their use, but that I have less frequently needed them. Opiates, and many of the remedies used in floodings and hemorrhages, operate by giving a stimulated nervous energy, which is only a substitute for the inherent but depressed power of the system. The administration of vascular stimulants serve to press temporally the blood towards the vascular extremities, and in this peripheral determination the capillaries of the brain share largely, because not compressed by atmospheric pressure. This result is obtained by the stimulus causing the muscular tissue of the heart and arteries to contract upon the blood. Nervous stimulants, as camphor and ammonia, operate to rouse temporally the force of nervous energy, and in many cases either the vascular or nervous stimulants may be sufficient to press the blood upon the brain, so that it will give back its normal function. We sprinkle the face, the chest, the extremities with cold water, in cases of fainting and suddenly depressed vitality, to rouse by *reflex action* the normal condition.

We cool the surface to drive the blood to the deep-seated vessels, because they are in direct communication with, and press upon, the brain. And here, perhaps, is a formidable error in medical practice frequently; the question should be solved by the practitioner, whether the cool surface is not an effort of nature to restore vitality, or is it really a pathological condition to be counteracted by the physician? No one can hesitate a moment as to the importance of making the diagnosis, so long as it would dictate opposite modes and modifications of indication.

And again, let me say that we shall never have occasion to bring to our aid *reflex*, when we can employ *direct* power to

produce the desired result—which I trust I have sufficiently shown—is always within our reach, and will accomplish more than any reflex action can accomplish; ready for any emergency; and is just so far preferable as any natural condition is preferable to an artificial one, however speciously devised.

In these brief remarks, I have aimed to speak only of general principles as they occur in practice, and tend to illustrate the *one point.* In many cases, a disjointed remark is all I have said upon a point, which, for full illustration, would have taken pages, well knowing that your professional knowledge would supply such apparent deficiency.

I may be asked why a certain amount of sanguinous pressure is *necessary* to enable the brain and nervous centres to perform their functions; I answer, it is sufficient if we note the fact *to be so.* Neither can we tell why healthy granulations only grow when covered with pus; or why pond lilies only grow when their roots lie deeply under the surface of the water; or why water itself congeals at 32°, or boils at 212°. One answer is sufficient for all; they are so, because they were made to be so.

Chicago, Ill., August 6th, 1858.

ARTICLE II.

ADDRESS, INTRODUCTORY TO THE SIXTEENTH ANNUAL COURSE OF LECTURES IN RUSH MEDICAL COLLEGE:

DELIVERED NOVEMBER 1, 1858.

BY J. W. FREER, M. D.

Gentlemen of the Medical Class:—The labors of the sixteenth session are at hand. By the kind courtesy of my colleagues, it becomes my agreeable duty to welcome you to the halls of Rush Medical College.

I see before me those whose faces are familiar, from former associations in this institution, and whose return indicates their satisfaction with our labors in the past.

With others an acquaintance is yet unformed; but your presence to-night, gentlemen, is our best assurance of your devotion

to the honorable profession of medicine, and of your desire to fit yourselves for honorable positions in its practice.

Permit me then, in behalf of the Faculty, to extend to you the hand of fraternal regard, and welcome you to the labors and the rewards of the session.

We desire to greet you as diligent students, thirsting for that knowledge of the profession of your adoption, which is indispensable to success, and shall spare no efforts on our part to render our instructions lucid and practical, and, so far as the brief time will permit, prepare you for future usefulness.

Common pursuit induces common sympathy; and, in proportion as the powers of the human mind are taxed in the attainment of a great object, so are minds thus laboring more closely drawn together by common sentiment, till those who may have met as strangers part with reluctance; and if your industry shall realize our hopes, we shall rejoice at your advancement, but sorrow at your parting.

In making the profession of medicine your choice, we sincerely hope you have not underrated the labor incident to success.

It has no offers of inglorious ease with which to lure its votaries. It does, indeed, strew beautiful flowers in the pathway of its followers, but spreads no wayside couch for idle dreamers.

Its pathway is not over level plains that one may tread with ease, but rugged Alps are in its course, and he who highest climbs, may still behold a broad expanse where student's footprint never yet was seen.

But though the goal seems hidden in the clouds, the rewards of labor lie all along the pathway; and, as new truths in medicine are unfolded to your view, your severest labor will become at last your greatest pleasure.

The true mission of medicine is only appreciated by the reflecting mind. It has to do, not with the earthly treasures of man, but stands as the handmaid of nature, to strengthen the ever-failing tie which binds his mortal to his immortal being.

With it are the issues of life and death, and tributary to its use, are all of the important sciences.

If life be dear, or health valuable, then must we cherish that science which shall secure the one and preserve the other.

The beauty of the human system is only equaled by its perfection. It came from the hands of its Creator, the climax of his works! but, from the time the mandate was issued, "to dust shall thou return," disease has ever lingered near, ready ot accomplish that decree, if any point be left unguarded.

How then shall we, as the conservators of health, be able to guard this human citadel without a knowledge of the structure and strength of the fabric; its portals and its avenues—its chemical laboratories—its myriad of work-houses, where repairs are ever going on; its telegraphic structures, communicating with all parts, and conveying signals with the swiftness and precision of lightning; and even its conduits and its cesspools, through which it is relieved of worn-out and useless matter.

This complicated structure, it is the province of scientific medicine to protect; and in order to succeed, we must trust, not alone to armory, but must know well our battle-ground. In a word, gentlemen, know all that may be known of the anatomy of the human *system*.

A thorough knowledge of the structures of the body, and their functions in *health*, can alone fit you to recognize those departures which constitute disease.

This instruction it is the united province of anatomy and physiology to *impart*.

Nor is the science of pathology less important. It traces morbid results back to their essential cause. With what unerring precision does it point to the rapid pulse; the parched tongue; the burning skin; the hurried breath; the anxious eye; the stifled groan; and interpret the signals of distress which tell of the fearful conflict waged within. It hears alike the *thrill*, the *murmur*, and the *rale*, and notes their tale of woe. It stands our great interpreter of the signs, symptoms and results, which constitute the *language of disease*. Cost what it may of time or trouble—that language you must understand.

But mark the *lesion;* note its accurate pathology.

Still your labors end not here. Remedial agents, your

weapons for this warfare, are yet to be *discovered*, and the method of their administration made known. No single locality can supply these varied wants. They may lie in profusion upon the surface, or deep in the bosom of the earth. With one hand you may cull them from the herbage of the pathside, with the other be compelled to gather them from the distant sea-girt isle.

They rise from their resting places *not* with the label of their virtues impressed upon them! These they discover only to the careful analyst and faithful experimenter.

The chemist's eye has never yet discovered the confines of this vast field. Yet the single department of Materia Medica claims this whole domain.

When you shall be able to tell the names and relations of each artery, vein and nerve—each bone and muscle—each organ, with its functions, its characteristic appearances in health, the changes induced by disease—the virtues of the plants upon the thousand hills—the properties of the minerals and the metals—the incompatibles in medicine—the wonderful story of minute structure which the microscope reveals—and the modifying influences of age, sex, temperament, climate and hereditary disease upon the human system; *then*, only, would you be able to answer with appropriate emphasis whether in all your labors you had found repose.

How boundless are these fields of study! Your tears will never flow for unconquered realms. There are no weeping Alexanders in the medical domain.

Should you devote the energies of your lives to chemistry alone, I doubt not Baron Liebeg might still be your instructor. Should botany beguile your hours, still I fancy some Pereira might lead you all your lives.

That renowned surgeon, who hardly failed to prosecute dissections a single day for forty years, still expressed that he had much to learn. If I point you to the surgeons of renown in this or other lands, they are all, without exception, enthusiasts in their departments. Nothing but severe and long-continued labor in their particular field has rendered any of our *worthies* pre-eminent. That man has never lived who stood prominent

in all departments. It can only be your aim to equal *one*—not all of these—if your ambition leads you to seek for fame in unexplored fields.

If your studies had only reference to *yourselves*, we would advise you to glance at the more prominent and important *truths* in medicine; thence turn your energies to that department most in harmony with your tastes, and there seek your preferment in original investigations.

But we cannot so regard those who listen to us to-night.

The preservation of health, and the cure of disease, according to the prescribed rules of practice, for the most part, are the objects of your future anticipations.

We remember that but a few months at most intervene between this pleasant interview and the hour when the weighty responsibilities of your mission will rest heavily on you—when the writhing victim of disease shall turn to you the imploring cry for help—when each word and look of yours shall wing its way with joy or sorrow to the hearts of stricken friends.

And, when you stand thus single-handed in the conflict of life and death, it will avail much that you are well informed in all of the auxiliary sciences of medicine.

Yet, if the labors of a life could be devoted to each of these departments, and their united results were at your command, you would be only the better prepared to accomplish your desire.

We perceive that, in assuming the duties of practitioners of medicine, we are not realizing the earthly heaven of indolence.

He who shuns the labor incident to success in agriculture, or the various trades, thinking to become a competent physician, and yet gratify lazy habits, never committed a more egregious blunder; and the sooner he discovers his mistake the better for himself and mankind.

We trust that the teachings of this institution, in all its past history, will deter any such from entering here.

We are proud to number among the alumni of Rush Medical College those who are foremost to sustain and advance the interests of scientific medicine; and are unwilling to believe the

present class less anxious to do honor to themselves and their prospective "alma mater" than their predecessors.

Gentlemen,—although we have dwelt thus long on the difficulties and obstacles besetting the path of the medical student, yet it has not been our purpose to discourage you from entering this great and noble field; nor do we deem it necessary to warn you against indolence, but rather seek to introduce the obstacles in your way, and, as they are comprehended, you will be the better prepared to appreciate advice which, if faithfully followed, will lead to ultimate success.

The great question which most concerns the medical student is this: how to select from the great mass of medical lore those portions which will soonest fit him for usefulness; and it is one of the special duties of the institution to guide and direct the student in the attainment of this important object. But we cannot expect in the brief time alloted us, to render you profoundly versed in any one of the departments of scientific medicine. We cannot expect more than to be able to present to your notice the indispensable portions, thereby enabling you during the period of pupilage to attain sufficient practical knowledge to pursue the healing art in the ordinary acceptation.

We hope there are those among you who aspire to something more than the title of "ordinary" practitioners of medicine; but experience teaches us that about nine-tenths of the graduates from the various medical schools come to this at last. We do not wish to be understood as underrating this nine-tenths, for they go to constitute the most useful class of persons in the world. To borrow a phrase from a distinguished southern politcian, they are the very "mud sills" of medical society, if not of medical science.

We hope there are embryo Sir Astley Coopers among us, and perhaps there are; but it will require a longer period of gestation than is natural to this or any similar institution, to bring the promising "chick" to full development.

Great men are not furnished to order by colleges; but those institutions may show the way to preferment. In other words, the medical student may look upon his college days as a period

of incubation, with this difference, that it depends very much on himself whether he turns out addle or not.

Again, let me assure you that the time allowed for the acquirement of that which is indispensable in ordinary practice is barely sufficient for your necessities, and will bear no diminution for bestowment on extraneous objects.

A thorough knowledge of our mother tongue is indispensable to the medical student. Indeed, no person should be admitted to membership with a medical class without this necessary qualification; and if there are those among you who have it not, we would advise you to retire until this needful task is accomplished, otherwise you must eventually submit to more humiliating positions than "mud sills," even that of poor relations of that very substantial class.

It is of great advantage to have a knowledge of all the modern languages, especially the German and French, for we get the spirit and meaning of an author more readily when expressed in his native tongue; and indeed, foreigners are becoming so numerous with us, that it has become almost a necessity that the medical practitioner should be capable of conversing in various languages. But if you have not already gained these needful accomplishments, it will have to be deferred until a more convenient time.

The means, then, which shall render you good physicians and competent surgeons must engage your chief attention during the period of pupilage.

To amateur students, and experts, must we look in the main for extended investigations in the several sciences allied to medicine, and in their departments we must regard them as benefactors. But these extended investigations can never be accomplished by the general practitioner; his limited time absolutely forbids it. He must be content in the main to seize upon and turn to good account the researches of others.

The teachings of some of the medical schools, I think, have been erroneous in this respect; and perhaps we are not without blame. It is too often forgotten that the medical student is soon to become the medical practitioner, and his mind is lum-

bered too much with the technical legerdemain of test tubes and microscopes.

"It should be constantly borne in mind that, when you come to treat disease, you approach the bedside as physicians and surgeons, and not merely as chemists, anatomists or botanists. Such is the character in which you are to appear, and the acquisition of knowledge which will prepare you for the discharge of its duties, ought to engage your chief attention."

The collateral branches of medicine must themselves be advanced, and their connection with the latter in its aspect as an art gradually evolved. But it is rather the chemist that will extend chemistry; the naturalist botany; and the comparative anatomist will effect what is necessary for his own department. These things cannot be done by the ordinary practitioner of medicine, and he must, as the rule, be contented to leave to the few greater intellects of the time even the duty of developing the relations borne by each progressive step made in the above departments of knowledge to the principles and utilities of his own profession.

That there is now a fashion leading to opposite doctrines than these, we are fully aware. We see it operating far too frequently, both upon student and upon teacher. With the schools there is much tendency to progress—much improvement in many points, yet how much error! Too often one would think it is quite forgotten that the medical student is soon to become the medical practitioner.

In anatomy, practical and human, we hear of more than half the session being consumed with "homologies" and developing mental and transcendental anatomy of the bones, being so learnedly and fully accompanied by comparative illustrations, that three months barely suffice for their consideration, though ample enough to cause the vessels and nerves to be neglected.

In physiology, we have learned disquisitions upon "caudate cells," epithelial scales and basement membrane, absorbing the time that should be spent in the more critical examination of the functions of the different organs.

It is well to know of nuclei and nucleoli, and to understand the cell theory; but it seems more important, if you must neglect

one or the other, that you should know the course of and parts contiguous to a large artery.

Nor are the teachings of chemistry, as too often pursued in the schools, without fault in this respect. The minutiæ and subtleties of organic analysis, the formulas and the symbols of theoretic combinations, are all very well for the accomplished chemist; but there is more of utility to the practitioner in understanding the principles of ventilation, the injurious effects of organic decomposition, the action of lead upon water, of copper on food, or the effect of adulteration of articles of daily consumption, by the sick and well.

In a word, gentlemen, I hold to practical utility in medical teaching, and let scientific disquisitions take care of themselves. I believe that instead of theorizing too much, you had better be engaged in educating your eyes, your ears, and your touch, that you might become competent to distinguish, with your own eyes, the difference between scarlatina and measles. Your own ear should distinguish between mucous and crepitant rales; your own touch, the peculiar differences of the pulse in enteric inflammation and exhausting hemorrhage.

The bedside of the patient is the stand point where you may apply the teachings of the lecture room. It is there you may learn the obstructed respiration of pneumonia—the prostration of peritonitis—the laryngial breathing of croup—the symptoms of cardial derangement in rheumatism—the symptoms of internal hemorrhage—the vomiting of constricted hernia—the hiccough of gangrene—and the collapse of intestinal perforation.

Hence the necessity of hospital instruction in connection with and illustration of daily lectures. In the lectures you hear the statement of facts; in the clinical instruction you behold them verified.

Nor are you to suppose that our largest institutions afford the greatest facilities for hospital instruction. Indeed the reverse is true where ample hospital advantages are furnished; for the larger the class, the more must clinical instruction be addressed to the mass, and less to individuals. Often the number in attendance is so great, that the mass of observers

are so far removed from the patient that a critical examination is impossible, and deliberate inspection out of the question.

With the hospital advantages connected with this school, we are confident, you will find our facilities for benefiting you in that respect far more practical than though your number was twice as great.

We come now to answer the question, How shall you proceed in order to gain the requisite knowledge for the practice of our profession in the brief time alloted for its acquisition?

In the first place, give diligent heed to the instruction of those who, in a brief course, may impart to you the result of years of experience and labor in their departments; at the same time, I warn you against being blind recipients of whatever may be offered by your instructors without canvassing its merits. At this early period you should commence reasoning for yourselves; take no man's word as to the truth of a dogma or hypothesis, before submiting it to your own mental crucible.

The blind follower of others' doctrines in medical science is merely a receptacle of all the truths and errors that may chance to come in his way. Minds thus constituted are not fit for the high calling of physicians, but should assume the menial offices for which by nature they are adapted, and in which, by following the dictum of more gifted independent minds, they may become really useful.

In the second place, learn to be close and careful observers at the bedside, in the hospitals, until you are able with your own five senses to distinguish between the different diseases presented for your inspection. I tell you, gentlemen, there is nothing of greater advantage to a young man in practice, than to be able at a glance to tell the "old ladies what the matter is." Indeed, once I knew of a poor doctor who was ruined for want of this qualification; for he mistook a case of parturition for that of bilious fever, and proceeding to put up his powders, told the officiating *beldame* that he had a man just in that fix the day before, and *cured* him at once.

Again, in regard to first course students, I would recommend that you bend your minds principally to the fundamental sciences, embracing anatomy, physiology, chemistry and materia medica

—especially anatomy, the basis and foundation of the whole superstructure of scientific medicine. Without it, you might as well undertake to master a language without the alphabet. To it, the heroes of our profession owe their preferment.

It follows, then, that the anatomy of the human system, with the functions of the different organs, should engage the chief attention of the junior members of the class. Then you will be prepared, during your second course, to comprehend the teachings and doctrines of medical and surgical practice. And let the few months spent here in study be so improved that in after life you may recall the time with pleasurable remembrances of profit and enjoyment.

Shun, as associates, those who fail to appreciate their advantages; for although they may seem careless and happy, yet the time will surely come when they will regret, in sackcloth and ashes, the misspent time of their college life.

Carefully avoid those temptations and excesses which have ruined the hopes and expectations of so many of our young men.

Remember that you have assumed a position where the world has a claim on you for your best services. It may rightfully demand of you a well disciplined mind, a body unimpaired by excesses, and a heart pure and philanthropic. Seek those attainments which will render you the desirable companions of the leading minds which stand as lights in the profession, and which will render you ministering angels to those who turn in deepest sorrow, and commend to your skill the wellbeing of dearest friends. Above all, fit yourselves so as to be able to practice our profession with an approving conscience; with that self-reliance and manliness that conscious ability can alone impart; and that in your declining years you may repose on the grateful remembrance that those who have committed the greatest treasures to your care, have not been the "victims of misplaced confidence."

For the education of such men this institution was projected, and to the honor and credit of its founder, it has not as yet materially failed in its object.

ARTICLE III.

BILIOUS FEVER WITH TORPOR OF BRAIN.

BY W. R. STONE, OF MANHATTAN, AND R. B. DEWEY, OF PLEASANT GARDEN, IND.

CASE 1.—J. H., aged 50 years, of bilious temperament, a farmer of industrious habits, was afflicted during the summer of 1855 with intermittent fever, which was, from time to time, relieved by sul. quinia, up to Sept. of the same year, when the disease assumed a different and somewhat singular character, he being disposed to sleep each day at the time his paroxysms of *fever* had formerly manifested themselves. Each day this disposition increased, but was lightly regarded by himself, against the warnings of his physician, W. R. Stone, for one week, when his wife called on the Dr. in the morning, stating that her husband could not be awakened, and requested the Dr. to visit, upon doing which, he was found as follows: pulse 80, small and compressible; skin cool and dry; respiration slow and rather laboring; head of equal temperature with the body. He was, at this time, in a profound slumber, out of which it was impossible to arouse him till the aid of a sinapism to the nuchial region was obtained, when he was sufficiently aroused to take medicine.

℞ Sul. quin., grs. 100, divided into twelve powders, one of which to be taken every two hours till he is more wakeful, when the doses may be halved, and time lengthened to three hours. Some 60 grs. were taken before this effect was induced, when small portions of proof spirit was alternated with the quinia.

The subsequent treatment, to perfect recovery, consisted in tonic doses of quinia and sesqui-carb. of iron, by which the patient was entirely restored in three weeks.

Removing to a distant part of the country, in about one year he was again attacked just as before, when a medical attendant was procured, who waged a merciless warfare against quinine as an agent impotent to good offices, but fruitful in evil deeds, when, as a matter of course, its use was dispensed with in the case. The patient slept near one week, and then died for want of quinine.

Case 2.—T. K. S., aged 50 years, of nervous temperament, a farmer, and of industrious habits, complained for some days of pain, and tenderness in right hypochondrium, with uneasiness of the stomach, bowels constipated.

On the morning of June 20th, 1857, R. B. Dewey was called to see him, the report being, that on arising at day-light he became blind, dizzy, deaf, and lost his speech.

Repairing to his house he was found as follows: pulse 40, small and compressible; surface cold, and of an icteroid hue; pupils contracted; no preternatural heat of head; voice weak, and employed with much difficulty as though a heavy weight were pressing the chest. The lingual muscles were partially paralyzed, causing pronunciation to be imperfectly performed.

Viewing the case as one of miasmatic origin, in which the weight of the attack had fallen on the nervous system, which was deemed free of organic lesion, he was put upon the following:

℞ Sul. quin., grs. 50.
Pulv. capsic., " 10.

Mix, and divide into six powders, one to be taken every two hours. Six grs. of sub. mur. hydr. was given with first powder. Frictions, with stimulating pediluvia to the extremities, together with a sinapism to the nuchial region were employed. Under this treatment the patient soon regained his health.

Case 3.—We visited this patient together on the 22d of May, 1858, and found him rather plethoric, of bilious temperament, a farmer, and 27 years of age. Condition; pulse 130, and moderately compressible; tongue slightly pale and flabby; skin somewhat yellow and moist; pupils dilated and intolerant of light; severe pain in the head; bowels constipated; nausea, and vomiting of bile. No preternatural heat of head.

Previous History.—Six months back the patient became afflicted with periodical neuralgia in the form of hemicrania, which had been temporarily relieved from time to time, till within one month of the present attack, when he was taken severely with what seemed to be neuralgia of head and face, together with great functional derangement of the stomach. He was promptly relieved with vegetable and mineral tonics,

together with anodynes, and was requested to continue a tonic course for some time, which being neglected, the present attack supervened.

Diagnosis.—Remittent fever, with excitation of the nervous centres, of a debilitated character, in which we judged it imprudent to use depletives to much extent.

℞ Sub. mur. hydr., grs. 12.
Podophylin, " 18.

Mix, and divided into six powders, one to be taken once in three hours till bowels move, after which the following:

℞ Sul. quin., grs. 35.
Capsic. pulv., " 8.
Ferri. Prussias, " 30.

Mix, and divide into six powders, one of which every two hours.

Free catharsis was induced by second purgative powder, when, as anticipated, the pulse admitted of the use of the tonics, but the stomach still remaining irritable, it was rejected.

May 23d.—Feels better, from report of condition, but thinks another paroxysm of cephalalgia coming up. Sent him sul. morph. one grain, in four powders, one to be taken every four hours till quiet is produced.

May 24th.—Visited patient this morning, and found him in *all* respects much better. Left 40 grs. of quinine in acid solution, one-sixth to be taken every two hours. Also advised the steady use of quin. and iron for some weeks.

The patient is, at this date, May 30th, convalescing finely.

We had thought of offering some remarks upon this peculiar class of cases, but the length of our article admonishes us to close. We will, however, request the opinions of any of your readers in relation to those cases, which, so far as we know, are not mentioned in our practical works.

ARTICLE IV.

IPECACUANHA IN DELIRIUM TREMENS.

(READ BEFORE CHICAGO MEDICAL SOCIETY.)

BY GERHARD PAOLI, M.D., PHYSICIAN TO THE BRIDEWELL CITY PRISON.

Few outside Bridewell have any idea how many of these cases almost daily arrive in a most miserable condition.

Last year I had under my treatment one hundred and sixty cases suffering with this disease, eight of which proved fatal. This year I have had up to date one hundred cases, out of whom four died. Historia morbi of many special cases might be given, but I will here limit myself to the treatment only.

Many, when they arrive, come from the most filthy and unhealthy places in the city, where they may have been lying for several days before coming to the notice of the police; half starved and dirty, covered with vermin, and many with preternaturally red noses. This will give you an idea in what situations these patients are on arriving at the famous Bridewell.

They have all for many days and weeks been constantly drinking alcohol under the name of Irish, Scotch and Bourbon, all full of poison. I know, as a fact, that this whisky contains a large quantity of fusel oil, which is a well known poison. When liquor dealers mix the above named liquors, they take large quantities of the above poison; and even brandy which is manufactured in this country is mixed with a poisoned substance which they call oil of cagmars, which is equal to Prussic acid in its effects. Knowing these facts, I wonder there are not more fatal cases.

Sleep being the suspended function, and the one nature and the system demand, we use opium to produce it, but although this medicine sometimes produces the desired effects, in many special cases it is often dangerous. Chloroform I have tried in several cases, administering it internally, as well in large as small doses, also by inhalations, with due caution; but in my experience I have not found it at all answer my expectations.

Ipecacuanha which I have tried in sixty cases, I have found most remarkably successful in the above mentioned disease;

quieting the nervous system, exciting the appetite, acting on the secretions, and uniformly producing sleep. When a case is not of too long standing, I give it as an emetic the first dose, and afterwards give from fifteen to eighteen grains every other hour. Connected with this remedy, I use shower baths, and let the patient frequently drink strong beef tea, without any alcoholic stimulants.

With these facts then before us, and the experience of the happy effects of ipecacuanha, I can conscientiously recommend it to all medical practitioners.

ABSTRACT OF PROCEEDINGS OF THE AURORA CITY MEDICAL ASSOCIATION.

Monday Evening, Aug. 2nd, 1858.

The Association met at Dr. Allaire's office.

Present.—The President, Dr. P. A. Allaire, in the chair; Drs. Winslow, Hard, Gillett and Young.

Minutes of the last meeting read and approved.

Dr. Hard reported the following case of "*Uterine Abscess opening into the Rectum:*"

May 30th, 1858.—I was called in haste to see Mrs. E., a married lady, aged twenty, of good constitution, and the mother of two healthy children. A few months previous to this time, she aborted, having been pregnant about two and a half months, from which she recovered without anything occurring worth recording. She again became pregnant, and had arrived at about the same stage of utero-gestation; and while engaged in cleaning house (washing windows), she was taken with labor pains and hemorrhage so severe that she could not leave the room, or even get upon a bed, but sank down upon the floor and called for help. In a few minutes the fœtus and placenta were expelled entire. Some women who came in, laid her on the bed and sent for me. I arrived about half an hour after the expulsion of the fœtus and placenta. Her lips were pale and almost bloodless, she had vomited freely. Skin cold and clammy. Pulse scarcely perceptible at the wrist, and she was

so nearly comatose and insensible that it was with much difficulty she could be aroused to consciousness. I immediately applied my left hand to the abdomen, and with my right made examination per vaginum. I found the hemorrhage very profuse and the aorta pulsating rapidly; I compressed the aorta with the left hand to control the hemorrhage if possible until other means could be resorted to, and also applied cloths wet in cold water over the uterine region and introduced others into the vagina (there being no ice at hand), and ordered attendants to administer pulv. ergot., tinct. capsicum and carb. ammonia, which were freely given. In this critical state I did not stop to measure doses very precisely. We also applied warm bricks and sinapisms to the extremities. The hemorrhage was soon arrested, and she gradually aroused from the stupor. From the great loss of blood and the impression made upon the nervous system she did not soon recover. The pulse became frequent and small, with considerable febrile excitement. I continued to visit her till June 19, she then being able to sit up for an hour at a time. After this she continued to improve so that she rode out and also walked to the neighbors, some forty rods distance.

July 1*st.*—I was summoned in the night to see her again. I found her in great pain. The abdomen distended, tympanitic, and so sensitive to the touch that she could not bear the weight of the bedclothes. The greatest tenderness was found in the iliac and hypogastric regions. The expression of the countenance was anxious. Pulse small and 135 beats to the minute. Bowels had not moved for two or three days. I learned that two days before this she had visited a sick neighbor, and had also remained a few hours in a room while being whitewashed. My diagnosis was metritic peritonitis.

Having been greatly reduced by hemorrhage a few weeks before, I did not resort to venesection. I gave her a cathartic of calomel, to be followed by sulph. magnesia. Trusted to "*tinct. veratrum viride*" to control the pulse, used opium to allay pain and nervous irritability, and applied fomentations to the abdomen. After a movement of the bowels was obtained, to secure which we had to resort to enemata, I gave calomel in small doses, and followed the course usually recommended

by standard authors, with the addition of the tinct. verat. viride, which controled the action of the heart most admirably, and to which I would particularly call the attention of this society.

The peritonitis gradually subsided. After about two weeks, by examinations per vaginum and rectum, I became satisfied there must be an abscess forming in the posterior part of the uterus. The os uteri appeared natural, except being nearer the pubis, and no part that could be reached by the finger appeared tender but that posterior to the os uteri, which point, the moment it was touched by the finger, gave great pain. The same occurred when the examination was made by the rectum. Pressure of the hand upon the bowels above the pubis produced pain in the pelvis, which extended to the iliac regions, more severe in the left than the right. Every evacuation of the bowels gave excruciating pain so severe that the thought that she must soon have a movement of the bowels, would throw her into a profuse perspiration, and so agitate her, that an anodyne was required to restore quiet. The treatment consisted of counter-irritants, anodynes and alteratives, and in the later stage, tonics and nutritious diet, to sustain the rapidly failing powers.

July 19*th*.—I was summoned and found my patient greatly prostrated. Pulse small and feeble. The abscess had just discharged into the rectum, and she had passed about half a pint of well formed pus. I immediately gave wine and tonics. The discharge of pus continued for a week, when it ceased, and she has improved ever since. This is a brief account of the case, with the treatment. All the minutiæ I have not thought best to report; for I have presented this case not so much on account of what has occurred (although I do not recollect of ever hearing or reading of a case of uterine abscess which discharged into the rectum), as to propose a question for the consideration of this society which seems to me to be of the greatest importance. What would be the result should she again become pregnant? Adhesions must have formed between the uterus and the rectum. Could the uterus rise from the pelvis as gestation advanced? Would another abortion take place, or would it be likely to compromise the life of the mother?

Dr. Winslow thought that it would be likely to compromise the life of the mother if she should again become pregnant, as he thought that it would be impossible for the uterus to rise from the pelvis if there were adhesions between it and the rectum.

Dr. Gillett was of opinion that if there were adhesions formed to any great extent, successful parturition could hardly be anticipated.

Dr. Allaire thought that she would be very likely to abort again if she should become pregnant very soon—he thought that she ought to be advised accordingly.

Dr. Hard thought it very likely to compromise the life of the woman, should she become pregnant again, and said he should advise her and her husband of the probable consequences of another pregnancy.

Dr. Young thought *that if there really was adhesion* between the rectum and uterus, abortion would be more likely to take place at an early stage of pregnancy than before the adhesions.

Dr. Winslow reported a case of monstrosity.

He was called a few weeks since to visit a patient in labor with her first child. The labor was natural but rather slow, and when the child was born it was found to have a tumor five or six inches long, and (I think) about two to four in circumference, and covered with hair for about half its extent. The tumor was smallest at its attachment to the scalp. The bones of the head were not very well developed. Dr. Allaire was called and removed the tumor. The wound healed kindly and the child done well. The monstrosity seemed to be the result of excessive development.

The mother thought that it was caused by a fright. Sometime during the first months of her pregnancy, her husband, who had just killed a hog, came into the house, and unbeknown to her slipped a kidney down her back inside her clothing, which frightened her very much. She attributes the monstrosity to the kidney. The tumor, however, did not resemble a kidney in form or appearance.

On motion the association adjourned to meet at Dr. Allaire's office, on the first Monday evening in September.

D. W. YOUNG, M.D., *Secretary.*

(Continued from page 532).

as having occurred in the spring of 1856, was among those subjected to an antiphlogistic treatment, in which part antimony entered largely.

"Rheumatism is frequently met with, especially in the winter and spring months. It is introduced here simply to call your attention to Laennec's treatment of the acute and sub-acute varieties, by sedative doses of tartarized antimony. Although it is almost a specific treatment, it seems to be generally ignored by the profession. The antimony may be given as usually recommended in sthenic pneumonia, but I commonly administer it in doses of one grain every four hours. This dose is nearly always tolerated, nausea or vomiting at first, being the exception, not the rule. After a decided sedative impression is induced, the remedy must be discontinued a day, and then resumed at longer intervals. It will be necessary to guard the bowels with laudanum, if they are too freely acted on by the antimony. Bleeding may be dispensed with under this treatment. One who has never used the remedy in this way, will often be surprised to see how soon a patient with acute rheumatism will pass from a state of intense suffering to almost perfect ease, and the swelling and soreness rapidly disappearing, and the dry, parched and coated tongue becoming moist and clean.

"Neuralgia has become one of our most common diseases. It is seated most frequently in the head and face, but is often found in other parts of the body. It is usually intermittent, but sometimes remittent in character, and accompanied with slight febrile symptoms during the paroxysm. After the operation of a mercurial cathartic, twenty grains sul. quin. with twenty-five to thirty of carb. ferri, given in the intermissions, seldom fails to arrest the paroxysm promptly. In the remittent cases, these remedies have to be persevered in for a few days. Relapses are common, but they yield more readily than primary attacks. I have discarded local applications, but anodynes are sometimes necessary, also general bloodletting. Perhaps the only interesting feature in reference to this disease is its astonishing increase. Ten years ago it was rarely met with; now it is encountered almost weekly. I am sometimes asked whether it is not a new disease—something unheard of until recently."

Your chairman would beg leave to add some observations of a topographical character, in reference to that region of our State lying in the valley of the Des Plaines river, of which Joliet is the centre.

Having its source in Wisconsin, the Des Plaines runs within a few miles of the Chicago river, and flows on in a S. W. direction, until uniting with the Kankakee, about fifteen miles below Joliet, they form the Illinois river.

The valley of the Des Plaines as it passes through Will County, varies in width, being in some places quite an expanse of marshy prairie, and in other having only a narrow passage between the bluff on each side.

The stream is mostly rapid, and in some places easily forded in low water, having either a gravelly or rocky bottom. On the west side, for the most part of the way, there is a bluff of limestone rock; but on the east, the elevation of the land, before reaching the ordinary prairie level, is more gradual.

At an early day, the inhabitants suffered much from the ordinary miasmatic diseases. The first settlements were made near the river, and in the groves. Since the completion of the Illinois and Michigan canal, which was in 1847, the health of this region has been annually improving, from the fact, in part, of the drainage consequent upon such an improvement. An instance may be cited where such a result obtains, in the city of Joliet, where the canal is made by walling the banks of the river, with sufficient fall within the city limits to require two locks.

To give an account of the diseases that have prevailed within our knowledge in this vicinity during the last year, will require but little time. The year 1857 was the most healthy of any since the first settlement of the country.

In January and February, there were some cases of a continued type of fever which had prevailed during the autumn previous, and of which mention is made in the report in practical medicine, for the last year. There were frequent cases that were protracted for some weeks, and one in particular occurred in the person of a young lady who was a subject of angina pectoris. Having come to the brink of the grave in spite of starvation, and the potent effect of the most active

Hahnemanic treatment, she was happily restored by the use of stimulants, tonics and nutritious diet.

During the months of March and April, there were frequent cases of pneumonia, both sthenic and asthenic, and characterized by many of the morbid appearances seen in the typhoid fevers of the previous autumn. In May, June and July, there was but little sickness of any description, except occasional cases of our ordinary vernal intermittents or remittents.

In August and September, there were some cases of dysentery. A small proportion assumed a low typhoid grade, and proved fatal. The cases that came under my notice, were ushered in with a chill, which was soon followed by reaction, and voiding bloody slimy stools, with severe tenesmus. The duration was from ten to twenty-one days, according to the severity, and the length of time which had elapsed before calling medical aid. Many cases were similar to ordinary attacks of intermittent, with the dysenteric symptoms superadded. If the patient could be seen soon after the first chill, a few powders, containing each from three to five grains sul. quinine, with about the same amount of hyd. c. creta or powdered blue mass; and opium or Dover's powder in a dose sufficient to allay pain, would frequently stop the disease at once. But if the patient had complained for a day or two, or had taken a cathartic, the disease was very sure to continue for some days. When the disease was not cut short at once, the careful use of alterative doses of hyd. c. creta or blue mass, combined with an opiate, was followed with good effects.

The tenesmus was best relieved by the administration of enemata of from one to two ounces cold water, to which forty to sixty drops tr. opii had been added, with ten to twenty grains tannin, in about fifteen minutes after each stool.

It is usual to direct the use of injections *immediately after* the stools have passed, but there is so great irritability of the mucous membrane of the rectum that the enema will pass immediately away, without causing any relief.

But if sufficient time is allowed for the local irritation to subside, and the patient to get a little rest, much better effects will be realized.

Pain and tenesmus are the most important items in the train of symptoms in dysentery, and if they can be controlled, a great point is gained. Any one who has suffered personally with this distressing disease, can appreciate the extreme exhaustion attending the attempts to evacuate the bowels, where there is nothing to pass off, and the desire proceeds only from the condition of the mucous membrane. It seems reasonable that the anodyne course is imperatively called for, and should be followed up closely, while other remedies more directly constitutional in their effects are employed to correct the condition of the system. The avoiding of cathartic remedies in dysentery, we consider very important. It may be admissible on the first day after the attack, but generally the alimentary canal is sufficiently evacuated, without harassing the patient with medicines which serve to increase the irritability. In this, as in many other diseases, rest is very requisite.

In the books, laxatives and cathartics are generally advised. We find, too, that many advise the alternation of laxatives with opiates. They give opium, for instance, until the patient is comparatively free from pain, and the discharges have ceased; and for fear that constipation should result, a dose must be given to move the bowels, when all the distressing symptoms will return. We repeat it, then, that the use of cathartics, as they are employed by many, is cruel, as well as unscientific.

Allow us to mention, by way of illustration, some cases that occurred in one family, in which dysentery prevailed. First, a lady about 50 years of age, was attacked with the usual symptoms of dysentery, slight at first, and so much so, as to delay for two or three days in applying for medical advice.

The disease became seated, and assuming a low asthenic type, continued about twenty-one days. The principal treatment was opium or morphine, given in doses and at intervals sufficient to quiet pain and produce sleep. Turpentine emulsion was given with tr. valerian in equal parts, three times a day. Enemata of water, in which ʒss. tr. opii, and grs. x. tannic acid were added, given as occasion required. No laxatives were given at all, and absolute rest enjoined. The case resulted favorably, and the patient was not very much debilitated. Animal broth,

well salted, constituted the principal item of diet and drink. Another member of the family, fifteen months old, was sick about twelve days, and was treated with opium and quinine given regularly and without intermission during the whole time, without a particle of anything to act upon the bowels, except, occasionally, a small quantity of hyd. c. creta at first, to act upon the biliary organs.

While the individuals above mentioned were sick, both parents of the little girl began to complain of chilliness, with uneasiness in the bowels, and slight dysenteric discharges.

Instead of administering a cathartic to remove any vitiated secretions which might be supposed to exist, a prescription like the following was given:

℞ Sul. quinine, ℈j.
Blue mass in powder, grs. xv.
Pulv. opii, " v.

Make five powders, and take one every three hours.

After taking the above powders, all the symptoms subsided. In seven days, however, the symptoms returned, but were met in the same manner, with a like result. There were numerous cases like these, and all were as easily cured by similar means, if taken soon enough.

But if, instead of this abortive treatment, a mercurial cathartic had been given, followed by castor oil or sul. magnesia, the chances for making a long bill would have been good.

Dr. Edmund Andrews, of Chicago, writes:

"In dysentery, I recommend an injection, as follows—

℞ Water, Oj.
Alum, grs. xxx.
Tannin, " xv.

Fiat. Solution to be used as, and adjuvant to, the ordinary treatment. One or two large injections of this kind generally puts an end to the bloody discharge *at once;* and the constringing effect on the vessels very materially abates the inflammation. It should be repeated every time there is any reappearance of blood in the stools. The solution should be made weaker in cases of children. In the most desperate cases the practitioner may control the effusion of blood with great certainty; though

if the case is complicated with typhoid fever, the mere relief of the inflammation of the colon, accomplished by the injection, does not always suffice to save life. In such cases, the symptoms of typhoid fever still remain after the dysenteric symptoms have disappeared. The principle of this treatment is not presented here as at all new, but as showing that many physicians are too negligent of the fact, that the inner surface of the colon is as perfectly accessible to topical applications as the external skin, and that a more free use of astringent injections, is requisite than is practised by many."

Before leaving this subject, we will add that the lady referred to as laboring under dysentery, had recently come from Connecticut, whereas the rest of the family had been in the State more than a year. There was a peculiar condition of the nervous system, which was not noticed in the others.

It was subsequently ascertained that a severe and fatal form of dysentery appeared in her former place of residence about the time she was sick. She had been in this State but four or five weeks at the time of the attack, and it is probable her symptoms were modified by the predisposition acquired before coming West. Such instances are common, and it is well to inquire when we meet with disease in those recently arrived, as to the general topography of the region. An individual coming from a mountainous locality, might require even venesection and other depletive measures, which would be inadmissible in an old resident.

Under improvements effected in the management of individual diseases, we will begin with glycerine.

Dr. Andrews, of Chicago, recommends glycerine as a solvent for vaccine virus, and as a preservative of the same.

Prof. N. S. Davis, in the *Journal* for February, 1857, gives the following formula, to be used in cases of tubercular disease in its early stage, before the cough is accompanied by much expectoration:

℞	Glycerine,	℥ij.
	Iod. potass,	ʒj.
	Sul. morph,	grs. ij.

M. Give teaspoonful before each meal, and at bed time.

"If the disease is farther advanced," he says, "and expectoration more copious, we prefer the following:

℞	Glycerine,	℥ij.
	Syr. iod. ferri,	℥ss.
	Sul. morphine,	grs. ij.

M. Teaspoonful every four or six hours."

Prof. D. commenced the use of glycerine in the treatment of phthisis three years since, in the manner above expressed, with satisfactory results.

This interesting substance was, until comparatively a short time since, used only as an external application. Being a solvent for numerous articles, it is very convenient, and its use is earnestly advised in all cases where there is a failure in any of the vital functions, resulting in debility and wasting of the system. We are using at this time, in a severe case of stomatitis materna, a combination of iod. potassæ and iod. ferri in glycerine, with good effects.

Prof. H. A. Johnson, of Chicago, recommends glycerine applied externally to the cutaneous surface in scarlatina, instead of oleaginous substances. He says that being a solvent for the secretions from the skin, it is greatly superior to oil, which tends to obstruct the natural action of the part. When the skin is dry, a moist and soft feeling is apparent in a few hours. It also relieves the intolerable itching attending the eruption. He also recommends its use in the affection better known by western people than in nosological works, viz, the Illinois scabies or "prairie itch." We have used it in the different hepatic affections with great benefit. For excoriated nipples, nothing is more satisfactory in its effects, than tannic acid dissolved in glycerine, applied immediately after the infant has nursed, and allowed to remain until the next time of taking the breast, when the part should be carefully washed. It is also recommended in the preparation of the different ointments, and but for the comparative expense would undoubtedly soon be substituted for the oily substances.

CHLORATE POTASH.

Dr. E. C. Ellet, of Bunker Hill, Ill., in the *N. W. Med. and Surg. Journal*, for March, 1857, recommends chl. potash in mercurial salivation, as a specific. In the adynamic type of fever, attended with fœtid breath, and dysphagia, he uses it with much benefit; also in sore mouth from various causes, which as results of any disease, debilitate the system. He details the case of his own child, five years of age, who was successfully treated by it while laboring under a low form of infantile remittent. This article was formerly used in cases supposed to result from want of oxygen in the system, but is not very generally used at the present time.

Prof. Davis, in Proceedings of Cook Co. Medical Society, published in the *Journal* for May, 1857, reports three cases of cardiac disease.

The first case was a patient laboring under acute rheumatism. Together with the usual local symptoms noticed in such cases, there was constant pain in the dorsal spine of a very severe character, with occasional paroxysms of severe pains in the lower extremities. The slightest motion, or even a moderate jar of the bedstead, would cause him to cry out with pain. The foregoing symptoms, with quick impulse to the heart's action, and a plain pericardial friction sound a little below, and between the nipple and sternum, were considered indicative not only of severe articular rheumatism, but an affection of the central portion of the spinal system of nerves, and active pericarditis.

After giving reasons for diagnosis, the Prof. considers the indications for treatment to be threefold, viz: 1st, To mitigate the sufferings of the patient by anodynes; 2nd, To arrest the inflammatory actions, and, 3rd, To prevent, or at least to limit very much, the resulting effusions.

To accomplish these purposes, the patient was directed to take the following:

Sat'd tr. veratrum viride,	ʒj.
Vin. colchici,	ʒss.
Tr. opii et camph.,	ʒiss.

Mix, and take one teaspoonful every four hours. Also,

℞ Hyd. sub. mur., grs. xij.
Pulv. Doveri, ℈ij.
Potass nitratis, ℈ij.

Mix, and divide into six powders; take one between each time of taking the veratrum viride mixture. In twenty-four hours after taking the above remedies, the febrile action was much reduced. The pulse from 110, and hard, was lowered to 80, and soft.

On the third day, conclusive evidences of effusion in the pericardial sac were presented. With the use of alterative doses of mercurials, with anodynes and sedatives, epispastics to chest and spine, and alkaline drinks, followed up with opium, quinine and nit. potass every night at bedtime, the external or articular pains had ceased; the indications of effusion had disappeared, and the modified *friction* sound was again audible.

In three weeks the patient was discharged.

The second case was, three years previous, a subject of articular rheumatism. Partial recovery took place, but for eighteen months previous to this time there were unequivocal signs of thickening of the valves of the aorta, with much hypertrophy of the ventricles.

Prof. D. gave the patient sat. tr. verat. viride, four drops with spirit nit. dulc. in water, every four hours, and three times a day one of the following pills, viz.:

℞ Acetas plumbi.
Pulv. digitalis fol.
Pil. hydrarg. } aa. ℈j.

M. F. Pil. xx.

Under this treatment the heart's action was much diminished, and the patient left the hospital much relieved, but with signs of valvular disease and hypertrophy.

The third case was one in which there were tubercular deposits in both lungs, with a large cavity at the apex of the left. Heart twice the normal size. Pericardium adherent almost entirely to heart, by old false membrane. Left ventricle dilated, and the walls thick, and both semilunar and mitral valves much thickened and almost of a cartilaginous hardness. Right ventricle of normal size and valves healthy, but the walls much

thickened. The patient, while living under all these morbid changes, was much relieved by taking every four hours the following:

Chloride sodium,	grs. xv.
Sul. quinine,	gr. j.
Morphine,	gr. ¼.

We find, in the *Journal* for May, 1857, the Proceedings of the DeWitt County Medical Society.

The subject of typhoid fever was under discussion, and Dr. Noble gave the following case which came under his care:

"The patient was a man about fifty, of good constitution, did not get very *sick* at any one time for the first two weeks. The pulse, *during the whole period of the disease*, remaining below the healthy standard. At no time did it exceed sixty beats in a minute, most of the time only fifty. Dr. N. had known the patient for several years,—his pulse in health was seventy-five to eighty. The patient felt rather indisposed than sick—not sick enough to keep the bed. This state of things continued two weeks, when profuse hemorrhage from the bowels commenced, and he sunk rapidly. The Dr. treated him successfully with dilut. nit. acid."

We refer to the above case, because we have often met with cases of typhoid fever, not only of the mild grade, but also the more grave, when the pulse was morbidly slow.

When the pulse is as low as sixty or fifty in a minute, there is cause for apprehension, even in a case so mild, as to call for only the least amount of medication; for there must of necessity be some obscure cause operating to occasion a slow pulse. A similar remark may be made in regard to an intermitting pulse, or where the heart beats more than 140 or 150 in a minute.

Dr. Edmiston says he combines nitric acid with strychnia, as follows:

℞	Strychnia,	gr. j.
	Nitric acid,	ʒj.
	Tr. opii,	ʒij.
	Aqua,	ʒij.

Dose not given, but a teaspoonful, we should judge, would be a

dose. He says that with this mixture and turpentine emulsion, he had saved several patients who would have inevitably died.

In the December number of the *Chicago Journal* we find an article by Dr. F. W. White, upon the use of chloroform in paroxysmal typhoid fever. The patient was a lady twenty-five years of age, recently from New England. The symptoms as described by Dr. White, were those ordinarily met with in remittent fevers, and he accordingly prescribed the following, viz.:

℞	Hyd. sub. mur.	grs. xij.
	Pulv. Doveri,	ʒj.
	Sul. quinine,	℈j.

Mix. F. Pul. vj. One every four hours, alternated with spts. nit. dulc. The unfavorable symptoms continuing, on the second day fifteen drops chloroform were given with the spts. nitre, with some relief of the distressing symptoms. Being considered too irritating given in this form, the following emulsion was prescribed:

℞	Pulv. acacia,	aa,	ʒiiss.
	Sach. albi,	"	
	Spts. nit. dulc.,	"	ʒiss.
	Chloroform,	"	
	Aqua distill.,		ʒiss.

Two teaspoonfuls every four hours, alternated with one of the following powders:

℞	Pulv. opii,	aa,	grs. vj.
	Sul. quinine,	"	
	Sach. albi,		ʒss.

M. F. Pulv. vj.

On the fifth day, the symptoms were relieved somewhat; sixth day, still improved. This emulsion was continued about two days, when the unfavorable symptoms were relieved.

The reporter seems to credit the chloroform with cutting short the disease.

If the disease was a fixed typhoid fever, as we have seen that disease, it is doubtful whether any course of treatment would have cut it short, and if it was materially shortened by the chloroform or anything else, it must have been something else than the genuine typhoid fever.

We have frequently seen cases like the one described above, which were relieved by the use of different sedatives directed to the mucous system, but their action was considered as temporary in mitigation of symptoms that were only accidental, and not constituting the disease. But we forbear further remark, for fear of drifting upon the ocean of controversy in relation to the question, What is Typhoid Fever?

There is a series of articles in the different numbers of the *Journal*, of Dr. Edward Brown-Sequard's experimental and clinical researches applied to physiology and pathology, as applied to epilepsy. The details of his observations cannot be given in this report, but we would refer the members to the articles.

Any degree of success in throwing light upon this very interesting and, in most cases, incurable disease, should be hailed with joy by the medical profession. Epilepsy has always been considered in the light of an impregnable fortress, bidding defiance to any and all attempts at reduction.

Most of us have witnessed its effects upon the person of some esteemed friend, in whom, at first, the slightest variation from the normal standard was noticed, but still sufficient to excite alarm. That person would manifest slowly, but not the less sure, all the successive changes from bad to worse, until the intellect once vigorous, and the body robust, would waste away, showing, at one view, a mental wreck and a physical pile of ruins.

In the *Journal* for October, 1857, is an article by Dr. C. Angell, of Pittsburgh, Ind., in which he gives the result of two cases of tying one of the common carotid arteries for epilepsy.

The first in a young man of 20, who had had fits for three or four years, but increasing gradually in frequency and severity. The next day after the operation, the left side was paralyzed, with no relief of the other symptoms. He lived seven days, but had no fits.

The other case was in a man 40 years of age. The operation was performed on the 8th of July, and up to Sept. 18th following, had had only four fits, and could attend to his business—was better than he had been for three years.

MILK-SICKNESS.

This form of disease is very interesting to the profession, especially in the localities where it prevails, and not the less so from the fact that there is a great deal of obscurity in reference to the primary cause. The text books have but little to say respecting it, for the reason that its prevalence is confined to certain localities instead of being general. There is wide difference of opinion among those who have observed its phenomena, as to what produces it. In the *Journal* for April, 1857, there are some interesting observations by G. W. Wilkinson, in an inaugural address.

He says: "The disease is excited by the eating of beef, milk, or butter from cattle that had eaten a mineral substance contained in the earth. His reasons for this supposition are, that it is most common, even where it is known to prevail, in dry seasons, when this substance is not washed off, or so much diluted as to be powerless. The water of some springs has been known to produce it, and if these springs are enclosed so that cattle have no access to them, the disease will disappear in the neighborhood."

In the article referred to, is an instance mentioned where the earth, in a certain place, was covered with a white mould, in spots not very near each other, and no larger than a dime. It appeared to have exuded from the earth; and pressed between the fingers, had more the substantial properties of a mineral than a mould.

The pathology and treatment of this disease is stated in an inaugural thesis in the *Journal* for January, 1857, and nothing said as to its supposed cause, except that it may be more like a vegetable alkaloid than of a mineral nature. Judging from the symptoms described by Mr. Phillips, the disease is one causing great depression of the vital energies, and undoubtedly produced by an extremely subtile poison. From the fact that there is torpidity of the bowels, with extreme nausea, there is an impression produced upon the nervous system which interferes decidedly with the healthy functions.

In the *Journal*, of June, 1857, is an article by Dr. John

Pickard, upon the pathology of milk-sickness in Parke Co., Indiana. Dr. P. takes the same view of that of Dr. Wilkinson, viz: that it is neither vegetable, animal, nor malarial. He cites an instance, as follows:

"A farmer, living about a mile from where the disease is known to exist, allowed his cattle to run out, but they never reached the infested district until the dew evaporated from the vegetation; the result was, his cattle nor his family were never attacked by the disease; were it a vegetable, the absence of the dew would not destroy its poisonous qualities."

Another family having suffered from its ravages, plowed up a pasture field, digged around the stumps, thoroughly turning all the soil, and sowed the field in grass, upon which they have kept their stock for twenty years, and at no time has milk-sickness made its appearance; while, on other portions of the farm uncultivated, it is as fatal as ever.

"From the observations and experiments," he says, "which have been made, where the citizens have suffered severely from the loss of property, and the lives of those still dearer to them, we deduce the following conclusions:

"1st. Milk-sickness is caused by a poison, and this poison is generated near the surface of the earth, from some peculiarity in the soil, or the soil and atmosphere combined.

"2nd. That the poison is a mineral or heavy gas, which appears to be produced in the night, and destroyed by the rays of the sun.

"3rd. A thorough cultivation of the soil will destroy it.

"4th. That it may be communicated from one animal to another by the flesh or milk. And,

"5th. That oleaginous substances act as a preventive, and will often cure animals affected with the disease.

"There is no difficulty in the diagnosis; the patient invariably complaining of great weakness and inability to perform labor. A little exercise produces trembling and fainting sensations. As the disease advances, vomiting and obstinate costiveness are invariable accompaniments, and during the whole time a peculiar odor pervades the room, unlike anything we ever met with.

"The treatment of milk-sickness is simple. We have previously stated that oleaginous substances are preventives, and we have found no remedies so efficient as castor oil, by the stomach if possible, if not, by enemata. Apply sinapisms to the stomach, give cooling mucilaginous drinks, overcome the costiveness as soon as the nature of the case will admit, and you have conquered the main obstacle to successful cure."

In the *Journal* of November, 1857, John C. Beck, of Cadiz, and J. W. Crook, of Rockport, Indiana, give it as their opinion that this disease is of vegetable origin.

Dr. Crook says that Dr. Drake was of the opinion that the disease was caused by the cattle eating the rhus toxicodendron, and that he is "strongly" of this opinion. Both pursue a stimulating course of treatment, and if these observations are correct, there is no doubt the system is affected in a manner similar to that in case of specific poisoning, whether animal, mineral, or vegetable.

Dr. J. P. Bruler, of Rockport, Indiana, in the May number of the *Chicago Medical Journal*, presents the view that it is a poison, which, being received into the system of an animal, may be communicated to another. After saying that it cannot be a poison of an ordinary character, he remarks: "But there is a large class of animal poisons, commonly called infections, which do possess the power of self-propagation, whenever they are placed in a proper condition for such development. One rabid dog could infect a score or more, and they, in turn, produce the disease in equal ratio. The same is true of small pox, measles, psora," etc.

Dr. B. considers it infusorial, and gives the following instance: "A gentleman of this town had a cow which ran at large, caught the disease, and gave it to her calf. The calf died, and his dogs ate its flesh; they, in a few days, sickened, with all the ordinary symptoms of tires, and both died. A pet crow was seen eating the dogs; in a few days it refused to eat, could scarcely be made to hop or fly, as was its custom when in health, and in a day or two died."

Here we have a case where the poison affected four animals, or classes of animals, and might have been further propagated,

had the crow been eaten. The Dr. thinks the above facts refute the idea of its production by rhus toxicodendron, arsenic, or any known vegetable or mineral poison. Concerning the pathology of this disease, Dr. Bruler confesses himself ignorant. "The late Dr. S. P. Sisna, informed me that he had made *post mortem* examinations twice." In both cases were found the usual evidences of an active inflammation of the stomach, and particularly of the pyloric region. In one case the pyloric orifice, and most of the duodenum, were so thickened and contracted that a probe could scarcely be passed into the stomach.

We have dwelt more at length upon this subject, from the fact, that much obscurity and discrepancy of opinion exist among the profession as to its cause, and from all that can be gleaned, it still remains a dark subject.

Occurring as it does only in certain localities, it is incumbent upon those members of the profession who are residents of the places where it prevails, to investigate it, and communicate the results of their observations to the world. We have no decided personal opinion to express, having never seen a case of milk-sickness, but in what can be collected from the experience of others, there is one very important and prominent consideration connected with the subject. Whatever obscurity may attend its primary cause, it is a fixed fact in the minds of many, that it is communicable from one animal to another, by partaking of the flesh or milk.

We find no such phenomena attending the effects of any class of poisons, either vegetable or mineral. As has been previously remarked, there is a severe affection of the great nervous centres. Extreme debility, tremors, nausea and vomiting, and a suspension more or less complete of the peristaltic action, are found.

We have sometimes seen symptoms in a severe attack of vernal remittent, that were said by those who had resided in such districts to resemble those of milk-sickness. It may be modified, and aggravated by the influence of malaria. It is found most prevalent in a belt of territory comprising a portion of Ohio, Indiana and Illinois.

Dr. Bowen, of Wilmington, in Will Co., who has practised more than twenty years in this and the adjoining counties,

(To be continued.)

BOOK AND PAMPHLET NOTICES.

LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC, delivered at King's College, London. By THOMAS WATSON, M.D., Fellow of the Royal College of Physicians, late Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. A new edition, from the last revised and enlarged English edition: with additions by FRANCIS CONDIE, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, etc., etc.; with one hundred and eighty-five Illustrations on Wood. Philadelphia: Blanchard & Lea. 1858.

"This edition of the lectures of Dr. Watson have undergone a thorough revision; and whatever of value recent research has added to our stock of knowledge in the various departments of medical science, has been carefully incorporated in them. The lectures on fever, especially, have been greatly enlarged and improved; the positive distinctions that have been insisted upon by eminent pathologists between typhus and typhoid fevers, are recognized as being founded in truth. The extent of these additions is shown by the fact that notwithstanding a very considerable enlargement in the size of the page, the work has been increased by about two hundred pages."

The above extract from the editorial preface, sets forth truthfully the main difference between this and former editions. We regard the plates for illustrating various intricate subjects treated of, as greatly increasing its value to the student.

We cannot speak too highly of this truly classical work on the practice of medicine. Take it all in all, it is the very best of books of its kind; equaled by none in beauty and elegance of diction, and not surpassed in the completeness and comprehensiveness of its contents. It will be an indispensable guide to the student in the acquirement of his profession, and no less worthy of frequent consultation and reference by the most enlightened practitioner. Dr. Condie has added to his already enviable reputation for industry and large acquirements, by the share he has taken in preparing for, and conducting through, the press, so acceptable a professional favor as this present edition of Watson's lectures.

On the Treatment of Aneurism by Compression, and by the Injection with the Perchloride of Iron. By John Reddy, M.D., Physician to the Montreal General Hospital, etc., etc.

(From the *Medical Chronicle* for September, 1858.)

The article, from which the above is the heading, is one of much interest, but does not at all correspond to its title, the principal part of it relating not to aneurism but to erectile tumor. There is, however, one case of popliteal aneurism successfully treated by compression, the report of which presents nothing unusual in similar cases.

Dr. Reddy gives a *resume* of Broca's tables, by which it appears that of 127 cases treated by compression, the deaths were not more than 5 per cent, and contrasts these with the results, as shown by Drs. Crisp and Norris, of the operations by ligature, in which it appears that the failures are about 33 per cent, and the deaths 25 per cent.

These facts speak for themselves, yet the number of cases in which compression cannot be borne, or in which it fails, is doubtless much greater than might be supposed from the tabular statements referred to.

Four cases of erectile tumor, treated by the method of Pelivay, are reported by Dr. Reddy.

The first of these was an aneurism by anastomosis, very similar in form and situation to the case first observed by John Bell, who bestowed this name upon it. Into this a solution of the perchloride of iron was injected at two different times, fifteen drops being the quantity used at the same injection.

The second case was a common erectile tumor of the size of a half crown, situated on the frontal protuberance. Into this, twelve drops were injected.

The third case was a tumor like the former in character, situated on the back. Seven drops of the solution were thrown into it.

Case four was a dark-colored nævus on the right arm, of the size of a small raspberry. Three drops of the solution were used in this case.

In all these cases the result was the same, viz: rapid solidification of the tumor, and subsequently the formation of a slough

which separated in form of eschar. In the first and second cases, a portion of the tumors which escaped the action of the caustic was destroyed afterwards by the hot needles.

We chronicle these cases as showing the efforts still being made to realize the dreams of Pravaz, which, however, are becoming less frequent every year. The result was satisfactory. Dr. Reddy may well congratulate himself on having escaped the accidents which others have met with, and we cheerfully award him the credit of having proceeded with caution.

But a question necessarily arises in regard to this proceeding: is it safer or better than extirpation or the ligature? We think not, and the reasons are so obvious as not to require enumeration. John Bell extirpated in his case, and in this respect no improvement has been made in practice up to the present time.

But the result obtained by Dr. Reddy is not that sought by Pelivay, who expected by injections to coagulate the blood of aneurisms, and cause its absorption without suppuration or gangrene.

As applied in these cases, the practice may be called simply the sub-cutaneous application of caustic to erectile tumors. Dr. Brainard of this city suggested the possibility of treating tumors in this way, in a paper presented to the Society of Surgery of Paris in 1853. It did not, however, meet with a very favorable consideration in that body; and the cases reported by Dr. Reddy are the first and only instances of the adoption of a similar practice which have come within our knowledge. D. B.

We have received from the publishers:

The Physician's Visiting List, Diary and Book of Engagements, for the Year 1859. Philadelphia: Lindsay & Blackiston.

This little book is becoming, if it is not already, an "institution" among us. We notice, in addition to its other contents, that it contains Marshall Hall's ready method of resuscitation from drowning. This alone is worth the amount of the price for which it is sold, to persons who are not already perfectly familiar with it.

We have also received from the author:

A Report on the Chemical Analysis of the White Sulphur Water of the Artesian Wells of Lafayette, Ind.; with Remarks upon the Nature of Artesian wells. By Charles M. Witherell, Ph. D., M.D. Published by the Mayor and Council of Lafayette, at the request of a Committee of Citizens.

Case of Chronic Hydrocephalus, treated by Injections of Iodine.

Dr. Tournesko, Surgeon of the Civil Hospital of Koltsa, Bucharest, has recently communicated to the *Gazette des Hopitaux* a case of hydrocephalus, treated by injection of the tincture of iodine.

The subject was a child, two months old, and the head measured about twenty inches in circumference. At the first puncture, eleven ounces of serum were drawn. This was replaced by effusion in twenty-four hours. Another puncture was made the second day, and twenty-four ounces of fluid drawn off. This time the tincture of iodine was injected (twelve *grammes* of tr. of iodine in twenty-four *grammes* distilled water), of which one-eighth part was allowed to flow out. The quantity inserted contained, according to our calculation, about sixteen grains of iodine amd three teaspoonfuls of alcohol.

At the moment of the injection, the child turned pale and cried several times. The following day he had fever, for which calomel was prescribed.

Twenty days after the operation, the head was of the natural size, and the child was in good health. Thirty-five days after the operation, the child continued in the same satisfactory state.

The following are the details of the operation:

1. A large-sized trochar was used.

2. It was carried to the depth of about two inches.

3. The puncture was made in the coronal suture, at the side (as being the point nearest the ventricles), and at an angle of forty-five degrees with the horizon.

This is the second case of hydrocephalus treated by injections of iodine. The operation was first recommended and performed by Dr. Brainard. This case, however, did not succeed, except in palliating the disease for a time. The case of Dr. Tournesko seems to have resulted more favorably, and gave more hope, at least, of a cure, although thirty-five days is too short a time to

judge of the result. The only point in which the treatment differed from Dr. Brainard's was in using an alcoholic solution of iodine, in place of a watery solution with iodide of potassa.

There is one respect in which both these concern, and that is in showing the comparative innocence of iodine injections into the ventricles of the brain. This is a point concerning which a very great and important misapprehension exists. The *cerebral* substance, when cut or directly irritated, gives rise to neither pain nor spasm. This was first demonstrated by Fleurens in his great work on the nervous system, and has been confirmed by all experimenters since. The most violent poisons, such as the woorara and prussic acid, applied directly to the substance of the cerebrum, produce no effect until they are absorbed and carried into the circulation. In Dr. Brainard's case, the only severe symptoms produced (and twelve grains of iodine and thirty-six grains of iodide of potassium were injected at once and allowed to remain), occurred when the iodine, having been absorbed, was effused into the stomach, producing irritation and vomiting, as if it had been swallowed.

Considering these facts, and that a knowledge of physiology is now more common, we may hope that practitioners will not fail to give a fair trial to iodine injections in this most fatal malady, for there is no reason to believe that the so-called membrane which lines the lateral ventricles is in any respect more sensitive than the brain itself.

EDITORIAL.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN AND PRELIMINARY EDUCATION.

All who have been in the habit of looking over the Annual Announcements of the Medical College at Ann Arbor, Michigan, and its former organ, the *Peninsular Journal*, are aware that great credit has been claimed for that institution on account of a pretended compliance with the recommendations

of the American Medical Association in relation to the length of lecture term and a standard of *preliminary education.* And the readers of this journal will remember, that two or three years since we were plunged into a protracted controversy with the senior editor of the *Peninsular Journal* for simply denominating some of these claims mere *bombastic pretences.* As one of the chief items for which they claimed credit for being in advance of all other schools, both in that controversy and elsewhere, was the adoption of a high standard of *preliminary education*, we take the liberty of placing before our readers the following report of the proceedings of a recent meeting of the Board of Regents of the State of Michigan, taken from a Detroit paper:

2½ O'CLOCK P.M.

Mr. McIntyre presented a report on the question of the removal of the Medical Department to Detroit. The report stated that the committee had investigated the matter, and found legal objection in the enabling act of the Legislature; that the University was to be located in or near the village of Ann Arbor; that it was in accordance with the real or implied contract with the grantors of College Square to the institution, on condition that the University, not a branch, but the whole University, should be there located; that the great want of medical students was not so much a course of clinical instruction, as a more thorough preparatory course; that the people of Michigan did not wish the removal; that nobody did wish it but one or two Detroit professors and the friends they influenced; that the Medical Department of the Michigan University, without extensive clinical instruction, has more students than Yale and Harvard Medical Schools combined, and more than twice as many as that at Richmond, Va.; that professors should be required to reside at Ann Arbor, at least during term time; that irregularity of lectures was chargeable to the non-residence of professors, especially Professor Gunn; that Professors Gunn and Pitcher had conducted their discussion in their medical journals on the Medical Department removal question, with ungentlemanly personalities; that Professor Gunn had used language injurious to the reputation of the

institution; that the Medical Department could only be removed at great pecuniary sacrifice; and, finally, that personal interest and selfish motives of one or two professors are the sole cause of the present agitation of the question.

The committee reported the following resolutions:

1. That the Medical Department of the Michigan University ought not to be removed to Detroit or elsewhere, and that we trust that agitation of the subject by professors and others connected with the institution will henceforth cease, as we consider such agitation not only useless but detrimental to the best interests of the institution.

2. That each candidate for admission to the Medical Department shall furnish satisfactory evidence of good moral character to the President, and, if not a graduate of this or some other college, he shall bear an examination in natural philosophy, the elements of mathematical science, including geometry and algebra, and such an acquaintance with Latin as shall entitle him to admission to the freshman class of the class course of the University, to be certified by the proper professors of that course. This resolution shall take effect on first day of July next.

3. That from and after the expiration of the approaching medical term, all the Medical Professors shall be required to reside at or near Ann Arbor during the medical lecture term.

The report was accepted.

Mr. Bishop presented a minority report:

1. There was nothing in the acts of the Legislature forbidding the location of branches of the University out of Ann Arbor.

2. That a large city is best for a Medical College, and Detroit therefore is the best place for it in the State.

3. It is not the interest of the University to be kept all in one place.

4. That the pecuniary state of the University does not at present admit of removal, therefore concludes that the whole subject should be indefinitely postponed.

This report was also accepted.

On motion of Mr. Parsons, the committee was discharged.

Mr. Bishop moved the adoption of the first resolution of the majority report, and said that he disapproved of allusion to the

Professor of Surgery; that the discussions of Professors Pitcher and Gunn have been dignified by the notice of the Board; that the clinical course at Detroit did not amount to a straw; that the people of Detroit did not care a single straw about having the Medical Department there; and that the Detroit bar did not want the Law Department there.

Mr. Brown moved that the resolution be amended by striking out all after first clause.

Mr. Baxter said that the committee had not, as hinted, stepped out of their way to attack non-resident professors.

Mr. McIntyre could not sit still and be charged by gentlemen from Detroit with making personal attacks upon any professor. He said that Professor Gunn had not kept within bounds of proper discussion, but had assailed the College and Board of Regents, and deserved rebuke at the hands of the Board.

Mr. Bishop said the committee had no business to attack Professor Gunn in a report on the removal of the Medical Department.

Mr. Ferry said we could not stop public discussion by professors or anybody else.

Mr. Brown would not object to the character of the report, but thought it should be confined to subject matter.

Mr. Baxter thought it was high time that the Regents should express their opinion upon and rebuke such kind of discussion by professors of the institution.

Mr. Parsons considered the discussion on the amendment fashionable, and would accordingly make a few remarks. He thought the amendment was right. He did not like the course of professors. He thought they shouldn't be employed if they acted thus; yet he concluded that the committee had no jurisdiction in the matter.

Mr. Ferry thought such discussions beneath notice.

Mr. Baxter accepted Mr. Brown's amendment.

The resolution was adopted.

Mr. Baxter moved that the second resolution be adopted.

Mr. Bishop moved that the opinions of Drs. Sager and Palmer be asked on the subject.—Adopted.

Dr. Sager said the question had been discussed by the Faculty. It had been the former practice to have requirements before admission; that now they were required at graduation instead. If applied to candidates for admission, it would very much diminish the classes, and, in fact, the whole department.

Mr. McIntyre wished to direct the Doctor's attention to the fact that undergraduates would go out and practice.

Dr. Sager said it could not be helped. He thought it would be more important that students in medicine should have a knowledge of botany and zoology than Latin and mathematics.

Dr. Palmer did not think that Latin was absolutely necessary for medical men; that the popular mind was turning against classics. He thought the resolution would reduce the medical class to ten or twelve. The requirements had better be made in mathematics and science than in Latin.

Dr. Tappan inquired what he thought would be the effect of requiring medical students to be graduates of a literary college.

Dr. Palmer said it would reduce the Medical Department to nothing.

The resolution was tabled, on motion of Mr. McIntyre.

On motion of Mr Bishop, the third resolution was, after some discussion, tabled.

Dr. Palmer here wished to know if he, as a journalist, was required to refrain from subjects pertaining to the improvement of the profession?

Mr. McIntyre said no, nothing of the sort was thought of.

The Board adjourned till 8 o'clock p.m.

By reference to the second resolution appended to the report of Regent McIntyre, it will be seen that so far from having had any standard of preliminary education for admission into the medical department of the university, the committee have only just now proposed one for adoption. And what became of the proposition? The report says that Professors Palmer and Sager, on invitation, appeared before the Board, and so decidedly opposed its adoption, that it was laid on the table, where it still sleeps. Yes, the same senior editor of the *Peninsular Journal*, who assailed us so furiously for merely

suggesting that their annual boast about being "so far in *advance*" of all other medical institutions in their standard of preliminary requirements was mere bombast, actually takes the lead in opposing a serious proposition to establish a positive and valuable requisition on the subject. It is an old saying that MURDER WILL OUT; and so will TRUTH, at least, occasionally. The Professors distinctly admit that no standard of *preliminary education* is required for *admission* into the medical department of the University of Michigan.

How long before the profession will be gravely told that this institution has complied with the recommendations of the American Medical Association, and that it is "FAR *in advance* of all other institutions" in this country?

ENQUIRY ANSWERED.

Dr. Davis, of the *Chicago Medical Journal*, asks, "who are the senior editors of the *Nashville* and *Peninsular Journals*, and who constituted them defenders of the American Medical Association?"

We can only answer for ourself. Our name is W. K. Bowling. We are relieved of the necessity of asking who is the senior editor of the *Chicago Medical Journal*, for that gentleman has published to the world that he is a member of the "Methodist church, north," and the papers of Chicago have, if we remember rightly, published that he is a defeated candidate for the mayoralty of the City of Chicago."

Dr. Davis claims to be the father of the American Medical Association, and we claim the right to defend the offspring even of such a father as he.

We hope Dr. Davis will regard his very civil question as most civilly and frankly answered.—*Nashville Journal.*

Not quite, Dr. Bowling. An answer that contains *three errors* to *one truth*, can scarcely be considered either "civil" or "frank." That the name of the senior editor of the *Nashville Journal* is W. K. Bowling no one will doubt who observes the amount of GAS which escapes every month through the editorial columns of that periodical. That I have ever "*published* to the world that I am a member of the 'Methodist church, NORTH,'" is wholly untrue; for my creed admits of no

sectionalism, either in religion, politics or science. That "the papers of Chicago have published that I am a defeated candidate for the mayoralty of the city of Chicago," is equally untrue; for I have never been a candidate for the office of *Mayor* in this or any other city. That "Dr. Davis *claims* to be the father of the American Medical Association," is the *third error*. I have never made any such claim, either at home or abroad; in print or out of print. If others have applied that honorable title to me, it is their business, not mine. Will Dr. Bowling copy, and try again?

OBITUARY.

Died, in this city, on the 6th November, Dr. GEORGE BARTLETT FOSTER, at the age of thirty-three years. Dr. FOSTER was a native of Roxbury, Mass., and was the grandson of Dr. George Bartlett, a distinguished practitioner of that city some years since, and still well remembered by many now living. The deceased was graduated at the University of Vermont, and received his medical degree from the Jefferson Medical College, Philadelphia, in the spring of 1854. With the exception of the time given to a course of lectures at Philadelphia, he pursued his medical studies in Boston, having had the advantage of a year's stay at the city hospital at Deer Island, as resident pupil. After his graduation at Philadelphia, he was for three months acting assistant-physician at the State hospital at Rainford Island, and in the fall of '54 visited Paris, to continue his studies under the distinguished medical teachers of that city. Soon after his return to this country in the fall of '55, he came to this city, to establish himself in the practice of his profession, to which he devoted himself with energy and uniform good success, till prevented by the illness which immediately preceded his death. His last illness was of a week's duration.

His disease was purpura hæmorrhagica, complicated with enlarged liver and jaundice. All the symptoms were of marked severity, and the prognosis was from the beginning unfavorable. The attack was ushered in by neuralgic pains and a sense of depression and malaise. The hæmorrhage from the mucous surfaces was very great, and the secretion of bile was not re-established. There was marked prostration throughout, and the delirium which was present at first soon passed into stupor.

Dr. FOSTER was a man of fine qualities of heart; an ardent and unwavering friend. Generous and impulsive, he was ever

ready to encourage and assist those who sought his advice and aid. Though sensitive to the opinions of others, he had much force and energy of character, and was not easily disheartened or deterred from carrying out his resolves or convictions.

In his profession he was earnest, diligent and for the short time that he was engaged in practice, remarkably successful. He had the advantage of a thorough medical education, and an opportunity to observe the practice of many of the men most eminent in this country and France, for their medical attainments. Added to this, he had those mental endowments which, with experience and study, are sufficient to insure an honorable rank in his profession. His manners at the bedside of the sick, were more than ordinarily winning, and there are many who gratefully remember the encouragement and confidence which he inspired. He never refused his services, when in health, to those who called for them, and never shrank from doing, cheerfully, his full share of that gratuitous labor which the members of the medical profession are so familiar with and generally so willingly undertake.

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"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.		"	"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna.		"	"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

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Strychnine.....in bulk
" .....Bottles of 100 Granules
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Granules 1-5 *of a grain each.*

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" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
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" Opium.....in bulk
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Proto-Iodide of Mercury.....in bulk
" " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
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Magnesia and Rhuburb, 1 gr. of each...in bulk
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Comp. Calomel, Plummer's Pills, 3 grs. "
Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
Opium et Acet. Plumb, each 1 grain.... "
Extract of Rhatany, 1 grain..... "

Dragees of 1 *grain each.*

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" " " Bottles of 100 Dragees
Conicine.....in bulk
Proto Iodide of Iron..... "
" " " .....Bottles of 100 dragees
Lactate of Iron.....in bulk
" " .....Boxes of 130 Dragees
Sulphate of Quinine.....in bulk
Valerianate of Quinine..... "

Dragees of 2 *grains each.*

Citrate of Iron.....in bulk
" " .....Bottles of 130 Dragees
Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
Diascordium.....in bulk
" .....Bottles of 130 Dragees
Anderson's Anti-bilious and Purg. Pills.in bulk
" " " Boxes of 80 Dragees
Extract of Gentian.....in bulk
Iodine of Potassium..... "
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Rhubarb.....in bulk
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Ergot, powder cov'd with sugar as soon as pulverized.....in bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
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" " ...Boxes of 200 Dragees
Tartrate of Potassa and Iron.....in bulk
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" " .....Bottles of 72 Dragees
" " and Cubebs.....in bulk
" " " Bottles of 72 Dragees
" " Cubebs & Cit. Iron.in bulk
" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
" " .....Bottles of 72 Dragees
" " and Alum .....in bulk
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" " Rhatany and Iron.....in bulk
" " " Bottles of 72 Dragees

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Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerasein,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedinm Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
Euonymin,	Euonymus Americanus,	1 50
Euphorbin,	Euphorbia Corolata,	1 50
Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geraninm Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea,	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
Macrotin,	Macrotys Racemosa,	0 62
Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
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Stillingin,	Stillingia Sylvatica,	1 25
Strychnin,	Strychnos Nux Vomica,	3 00
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" " Digitalis Purp.	0 50
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" " Eupatorium Purpu.	0 75
" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
Con. Comp. Stillingia Alterative,	1 00
Xanthoxylin Pills,	0 50

	per bot.
Con. Tinc. Gelseminum Semp. 6 oz. bot.	1 00
" " Veratrum Viride, 4 oz. bot.	0 75
Wine Tinc. Lobelia Infl., 6 oz. bot.	0 50

Oils.	*per oz.*
Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 50
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

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THE CHICAGO

MEDICAL JOURNAL.

VOL. I. DECEMBER, 1858. No. 12.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

A PUBLIC ADDRESS ON THE ADVANCEMENT OF MEDICAL SCIENCE.

(Delivered before the Esculapian Society, at its Semi-Annual Meeting, in Marshall, Ill., May 26th, 1858.)

BY O. Q. HERRICK, M. D.

Mr. President, Members of the Esculapian Society, Ladies and Gentlemen:

At no period in the history of the human race has there been such efforts made to ameliorate its condition as at the present time. The pages of ancient history contain little but records of oppression, persecution and degradation of the masses, to satisfy the love of power and lust of ambition of pampered monarchs, who deemed no measures too humiliating in their character, or demoralizing in their tendency, to be used in the accomplishment of their selfish purposes. And so it must ever have remained, had not some mighty mind, conscious of its inherent greatness, arose and broke the shackles of ignorance and superstition, and boldly declared the image

of God too noble a thing to be made subservient to the idle dreams and caprices of despotic power.

To mankind this truth came like sunbeams bursting from the cave of night. All felt its healing influence, and not a few hailed it as the morning star of intellectual freedom, and nurtured it with the power of their being. Virtuous principles and lofty aspirations could no longer be kept in bonds, or quieted in dumb servility. There was a mysterious longing in thinking minds to explore the endless fields of thought, and gather food upon which they might be nourished and brought to maturity.

Thoughts of God, the great first cause, and the beauty of the world, of necessity first occupied the attention of original thinkers, and conceptions formed early, found an expression which introduced the creative art. Crude and imperfect as it first appeared, kings threw their protection around its votaries, and opened the public coffers for their benefit. Ideal forms of beauty not attained spurred on to renewed exertion, until lips were made to quiver in marble, eyes to laugh upon canvas, and "forms of matchless symmetry brought forth, which must charm and instruct forever."

But while hosts of admirers were vieing with each other in lauding the various works of art, there were a few of towering genius and wondrous thought, who labored incessantly to acquaint themselves with the "cunningest part of excelling nature." With no truths by others gained, or facts established, it required unswerving stability, untiring perseverance, and an imperishable desire to relieve human ills, to enable these explorers in a newly-opened philanthropic field, to relinquish the claim to fame, honor and wealth, which their natural endowments would have demanded for them in the artist's ranks, and unsolicited and unaided, spend a life of toil, endeavoring to establish means by which the enemies of health may be successfully met and driven back from the threshold, that otherwise must supplant the pleasures of home with sorrow and tears.

As we might expect, from the circumstances by which they were surrounded, and the multiplicity of disadvantages under

which they labored, facts accumulated but slowly, and for a long period bore but a small proportion to the number of erroneous views entertained with regard to the origin and treatment of disease. But, few as they were, enough were elicited to satisfy earnest inquirers after truth, that close research and observation, with careful experiments, would establish a science calculated to soften the pangs of disease and prolong life.

The people, accustomed to see the pestilence nearly depopulate portions of the country and leave it an abandoned waste, that had witnessed the plague's unmolested march as it swept away the flower of their youth, and left desolation and distress in its track, were ready to shower honors upon any one who should devise means by which to turn away the blighting hand that so often stole into the family circle and sapped the sweets of social life.

As soon as the public eye was turned upon the subject, a crafty priesthood, ever eager for notoriety where fame cannot be reached, whose only knowledge of anatomy and physiology consisted in a belief that man was fearfully and wonderfully made, commenced anew their work, and incessantly toiled to convince a credulous and grossly ignorant populace that all diseases were only manifestations of God's wrath, and offered for their cure remedies which could only be found in the wildest dreams of fancy.

While others, afraid of being left in the rear, hastily bundled together a few facts, combined with them presumptuous assertions, and set the world agog with ideas of atoms and pores, elements and ethers, and mystified and enshrouded the little known, until medicine appeared inextricably mixed up with priestcraft and intolerable superstition.

The time at length arrived when this night of ignorance could last no longer. There came upon the stage a man of intellect almost infinite. With "perception vast and reason deep," he observed the working of nature in her different abodes, and saw contending forces destroy her brightest ornaments, and crumble her choicest gems. United and concentrated efforts reversed the work, and brought out her valued and beautiful productions.

He determined to apply the prompting thus received to the establishment of a science which should embrace the laws of health and disease. To consumate this purpose, it became necessary to collect the varied opinions of his antecedents and cotemporaries in the art, when, by close research and comparison, he formed his conclusions, expunged the fallacious notion of supernatural causes operating upon the body, overthrowed the doctrines of priestcraft, and established upon the immutable pillars of truth the science which has often dried the orphan's tears, stilled the widow's cry, and poured the oil of gladness around the hearthstone of discontent.

It was no great original discovery of this physician of Cos in medical science that wrought such a marvelous result; but gathering in one body the opinions of others, and applying to them the inductive mode of reasoning, was the great work which sealed his name for immortality.

A history of this noblest science, however brief, cannot be given in the short time alloted us. We first view it as a narrow stream, almost inaccessible on the heights of antiquity, and as it rolls forward, is at times almost lost among cascades and shadowy coverts; but in time it reaches the plains of historic truth, and flows onward, a majestic river, securely embanked by written documents and recorded facts.

I am aware that the idea is frequently entertained, especially among the junior members of the profession, that all that is valuable in medicine has originated in the nineteenth century, which is far from being true. In the writings of Galen and Hippocrates, though their ideas were crude and imperfect, we find guiding principles that must ever remain pillars of wisdom, which the waves of charlatanry cannot weaken, the syrian winds of quackery cannot break down, and whose strength trembles only at the tread of omnipotence.

A constant desire for change is characteristic of the present day, but changes have not in every instance benefited mankind or advanced the profession. That the science of medicine is now advancing more rapidly than at any former period I have no doubt. This is accounted for by the more general recognition of the old axiom, that in union there is strength.

The genius of our science is such, that with the increased aid of collateral sciences it is impossible for us to remain satisfied with our present attainments. Our aim is too high, the objects to be accomplished too noble, I may say sacred, in their character to permit us to ever flag or unproperly apply our time until disease is shorn of its terrors, and those maladies which have long resisted our attempts to cure, shall come crouching to our feet. This work can never be fully completed without unremitting toil and unity of action. Mind, no less than matter, gains new form and force by consociation. It is but recently that the masses have heeded the lessons of unintelligent creation. The glistening dewdrops that so lightly fall and quickly disappear, when gathered, make the soundless ocean that moves with majestic mien before the tempest car, and glories in its strength.

So with thought. Each active mind may generate sound practical ideas, that, to remain only within the author's province, would be like a well-shaped stone for the builder's use, useless alone; but when put in its proper place, when linked with the reasoning of other minds, may change the course of empires, or, perhaps, open up a science that otherwise might have slumbered for ages.

The desire of rousing the energies of skilful men, and increasing the number of offerings for the public good, of opening to its full width the channel which leads to the great foundation of benevolence, alone led to the formation of this and kindred associations, and the benefits that accrue, not only to the members composing them, but to the recipients of their care, are incalculable. In these are found the ablest and most valued talent in the profession. The almost constant desire of the young for innovation is here checked by the aged, and ideas of having mastered the science vanish while listening to the counsel of those who have spent long lives in scanning the effects of remedies in their different combinations, under the various circumstances that modify their action, and who have witnessed the guarded and insiduous, no less than the demanding attack of disease as it searched for the secret spring of life. The aged are here stimulated by the ardor of the young, and are cheered

on by seeing them bring rich offerings from fields which the sage teachings of time had not disclosed. Cases of peculiar interest, with the success attending a certain course of treatment, that never would appear in the journals of the day, are here given in detail, and whatever of value is in them is preserved for the public good. That professional jealousy which frequently proves an impassable barrier between worthy men is here subdued, and the withered hand of friendship regains its form and usefulness. Wavering confidence in a brother's fidelity is here lost, by witnessing his devotion to correct principles, and instead of passing him with a suspicious, silent nod, we pay respect to his claims, and meet him as "friend meeteth friend."

No class of men so much as ours are tempted to question the ability and doubt the honesty of their co-workers. We are almost daily told of somebody that is made a cripple for life by injudicious treatment, of some patient that was killed by too much medicine, or, of some other that died for want of more, which, with the wonderful things our informants "know of," are calculated to lead us to believe that some doctors are not any better than they should be. And was not this officious impudence of talebearing confined exclusively to the unrespected members of society, it would do more harm. It is due not only to ourselves, but to our patients, to whom they are ever ready to offer their sickly tattle and advice, that these meddlers in such matters, these mildewed specimens of humanity, should receive such rebuke as their meanness demands.

It is only by association that we gain a correct estimate of each other's merits, and he who refuses measurement by this standard, can hardly presume to stand above suspicion. If at times we differ upon certain points, there is no place where truth is so likely to be elicited as here, and however warm and animated the discussions may be, new ideas are sure to spring out of them, and instead of arousing a spirit of animosity between the contestants, there springs up a feeling of warmer friendship and increased respect. It is here that the dormant energies are called into action, and sleeping indolence is entombed by the active engagement of the nobler powers of the mind.

By liberal contributions from members situated in different localities, that have subjected disease to different modes of treatment, and carefully noted the result, medical societies advance rapidly the cause for which they were instituted, and will eventually become the great reservoir of thought, in which must spring up the "balm for the healing of the nations."

Associations for the purpose of advancing medical science are now becoming deservedly popular, and receive as they merit the consideration of those who are desirous of improving themselves, or advancing the best interests of the community in which they live. There are those engaged in medicine, however, that can receive no benefit from association. And we will here say to you who have the whole science embodied in your breast, but have no means by which we can be made cognizant of the same, with no desire of increasing your stock of knowledge, better not spend your time in meetings like this. We can be of no service to you, and I fear that we, like your patients, will seldom be benefited by your presence. But to you who are not satisfied by treading only in paths worn down by your fathers, who are desirous of quieting the maelstrom of unhappiness and completing the temple to which all may look and live, we say, "Come, go with us, and we will do you good." We ask you to unite with us, not merely to increase our members, but as co-laborers. Spending none of your time in idle retreats, but subjecting yourselves to constant attrition of mind, that our usefulness may be increased, and we assure you your efforts shall not go unrewarded. We ask you to study well the judicious use of long known remedies rather than the list of doubtful, untested substitutes.

Every "ignis fatuus" that appears in the medical horizon should not be hunted down by the regular practitioner. To be induced to leave established landmarks in the profession by the vaunting promises that cluster around new theories and speculative practice, would be selling a birthright in standard medicine for an equivalent of less value than Esau's pottage.

System after system of quackery has originated in the idle dreams of some brainless mountebank, and each, like Jonah's

gourd, for a time has grown, and, like it, died. Their scions are always transplanted in shallow ground, which, for a time, yields them a support, but they ultimately droop, die, disappear, and are forgotten.

We gain an instructive lesson from the effects which the simoons of empiricism have produced in the last few years. Willing martyrs have appeared to test the efficacy of every remedy clothed with the charm of mystery. Some have been swathed in cold sheets, endeavoring to freeze out the intermeddlers of health, while others have made fruitless attempts to accomplish the same by being boiled. In common with other subjects of quackery, after a few trials, they have generally died, which, to themselves, their families and friends, was the kindest act they could perform. We clearly see that ignorance is the great hot-bed in which these pests find an origin, and is their only source of nourishment. When this shall be dispelled, when the masses manifest the same interest in medicine as politics, the various *isms* and disordered growths, more to be dreaded than Banquo's ghost, that are vainly searching for a resting place, shall collapse and disappear like the "baseless fabric of a vision."

As conservators of the public weal, we are bound by every principle of humanity not only to warn the public against imposition from outsiders, but to guard against the possibility of their finding unsafe practitioners in the regular profession. This is a matter that we have too long entrusted to the public schools. It is time that we should take a stand point and demand a searching investigation into the qualifications of every man with whom we hold fellowship.

Our generous deportment and universal adherence to truth, have led the masses to believe that none but honest men would wear the garb of our profession. Hence it is that the indigenous, nondescript productions, called eclectics and Indian doctors, have found employment until their history is written in our graveyards, and in vacant seats in the family circle. We should not be anxious to introduce into practice any man because he appends to his name M. D. in flaming characters.

Acquaintance may convince us that it is necessary to consider them the initials of miserable deception, to describe his character as a physician.

Many of our schools vie with each other in the rapidity of making doctors, and have long struggled, "Jacob like," to see who could confer degrees upon the aspirant with the least fitness to discharge the various duties incumbent upon the practitioner of medicine. No one thing has done more to foster empiricism than this. But one school in the West has made an effort to come up to the recommendations of the American Medical Association, and that deprived of clinical advantages, however brilliant and numerous may be its corps of professors, must ever fail of accomplishing its mission. Private practitioners as a body must demand a higher grade of medical education. Then, and not till then, will our schools increase their usefulness.

It is useless for us to look along the Atlantic coast to guide us through the intricate windings of our profession; there peers up in the Northwest some modest stars that are much better guides through the fogs and mists of the Wabash Valley than any which have yet appeared. We have men no less noted for their superior attainments in medicine than our western country for its natural advantages; men, upon whom nature has bestowed her choicest gifts, to whom science looks for additional strength. By their fine discrimination and accurate reasoning, our State is furnished with a school above the common grade, and fully up to our demands, but not our wants. The fault is our own that its character is not more elevated.

We are leagued with the public teachers in preparing men with whom we are bound to strike hands as brothers to labor in one common cause, and should not expect them to make skilful men unless we furnish them with well trained, industrious students.

We should be careful that none enter our offices to pursue the study of medicine without previous mental discipline, without literary and scientific acquirements sufficient for a commanding position in society, and ask our schools to confer

degrees only on men of intelligence, well skilled in the various branches that aid in tracing disease to its origin, or assist in its removal. Unity of sentiment and action is here only necessary to the speedy accomplishment of a radical change in the profession, and nothing is more desirable, or could be productive of better results.

But elevate the standard of medicine, and it becomes robed with additional lustre, its supporters gain additional confidence from the subjects of their care, and the dew of its blessings shall be cheering to the fainting hopes of health, as gentle rain to drooping flowers. No former period has promised so bright a future as the present. Association, as an element of success, is not only being felt and acknowledged, but the principle is being put into practice. Its teachings are blotting out the errors, and dispelling the shadows which have surrounded us, and are building on life's most troubled coast a lighthouse that shall prove an unerring guide to the welcome shores of health.

As our aim is higher than that of other callings in life, let us be more devoted, industrious and persevering. The zeal of the true physician glows in the crucible of adversity, no less than when rocked in the golden chair of plenty. The sacrifice which we are required to make to fully do our duty, can never be prompted by the grovelling whispers of avarice. 'Tis not for wealth that we would leave the pleasures of a quiet home and spend our time where tales of sorrow only are told. 'Tis not for this that we would spend sleepless nights where the cry of suffering wounds deep the finer feelings of the heart. 'Tis not for this that midnight finds us visiting the unfortunate poor, where deadly vapors load the air, and death stalks forth unmasked. 'Tis not because we know the name of the good physician is engraven upon the tablets of memory, and shall live on when the names of martial heroes shall be buried deep in forgetfulness. But it is a knowledge of performing the noblest work on earth, by bearing away many of the sorrows of life, and replacing them with the benison of gladness, and the hope of finally bringing under subjection all diseases which mar the happiness of the human family. This is the buoying hope of

of our profession; and no class more than ours will rejoice to see the day when the sounds of suffering shall fall upon the air no more, when the blush of health shall mantle every cheek, and the whole pathology of life, from the days of early innocence to ripe old age, shall be thickly strewed with the rose leaves of pleasure and peace.

ARTICLE II.

POWER OF "ACCOMMODATION" IN THE HUMAN EYE; ITS PHYSIOLOGY AND PATHOLOGY.

BY E. L. HOLMES, M. D.

Scarcely any question in the physiology of vision has offered greater difficulties in its solution, than that relating to the adjustment of the eye to different distances. Anatomists have dissected the eye and studied its minutest textures, and physiologists have invented theories by which to explain this wonderful and beautiful endowment. But with all these dissections and all their theories, they have till quite recently *established* scarcely one fact.

Reasoning upon the general principles of optics, and comparing the eye with optical instruments, we may undoubtedly state what alterations *may* take place in the eye, to account for variations in its focal distance. There is certainly nothing improbable in the theory, that this may be produced—1st, by increasing or diminishing the antero-posterior diameter of the crystaline lens; 2d, by increasing or diminishing the distance between the retina and the lens; or, 3d, by the united effects of both these changes. But what actually does take place is a question which has long interested the physiologist, and which will probably long be discussed before it is wholly decided. This difficulty arises, in part, from the delicate and complex structure of the eye itself; the various portions of which are so easily changed in relative position by examination, that scarcely any two anatomists agree in their delineations of the eye. We can convince ourselves of this by reading the different descriptions and comparing the form and position of different portions

of the organ, as given in the numerous anatomical works of the present age.

The eye has been carefully divided and studied when frozen, when coagulated by certain chemical substances, and, when prepared, by being first divided in a dried state, and then allowed to resume as near as possible its normal shape by the absorption of water. By these various modes of investigation, much progress has been made in the minute anatomy of the eye. Still, in studying the function of "accommodation" to different distances, most observers have been too prone to theorize upon the use of each particular portion of the eye, without first having learned the changes which actually take place within it, some of which we shall show can be made visible to the observer during the act of adjustment.

The mode of investigation adopted by Cramer of Berlin, Donders of Utrecht, and Helmholz of Konigsberg, is more satisfactory than others, since it clearly *demonstrates* some of the changes which were only supposed by former physiologists to occur in the eye. The experiments of these physiologists were based upon the fact that the images of an object produced by convex or concave mirrors, stationed *at a given distance* from the object, varied in size according to the degree of convexity or concavity of the mirrors.

Helmholz, by a long series of experiments with very delicate and expensive apparatus, was not only able to measure the length of the images of a particular object formed by the cornea, the anterior convex and posterior concave surfaces of the lens, but also to calculate the differences in degree of convexity which appeared in the lens in different states of the age. He was also able to measure changes in the relative distances between the cornea, anterior and posterior surface of the lens.

This instrument, which has been called the ophthalmometer, has been used by the most celebrated experimental physiologists in obtaining the measurements of the eye, which are now considered as most accurate. By means of these measurements, and the formulæ used by Brewster, Krause and other opticians in calculating the refracting power and curves of the different media of the eye, Helmholz and others have been enabled, as I

just stated, to establish certain facts regarding the crystaline lens, which have a very important bearing on the question before us.

The movements of the iris, at the moment the focus of the eye is adjusted for a particular object, had long before been noticed.

Whenever the eye is fixed upon a near object, the following variations are observed:

1*st*. The pupil contracts.

2*d*. The pupilary edge of iris is thrown forward.

3*d*. The outer portion of the iris recedes.

4*th*. The anterior convex surface of the lens is rendered more convex, and at the same time is thrown forward.

5*th*. The convexity of the posterior surface of the lens is but little increased, and is scarcely changed in position.

We thus see that the refractive power of the lens is increased.

The contour of the cornea is not affected by the ordinary acts of accommodation, since it is shown by the apparatus of Helmholz, that the image of an object, formed upon its surface, unlike those formed upon the anterior and posterior surfaces of the lens, suffers no modification whatever.

In turning the eye from a near to a remote object, the reverse phenomena are observed; that is, the pupil dilates—the pupilary margin of the iris recedes, while its external portion slightly advances, and the antero-posterior diameter of the lens, as also its convexity, is diminished.

These facts are now received by many of the best authorities as fully established, and they are certainly facts of great interest to the student of science. Although many physiologists are united in opinion as regards the facts, they are by no means disposed to agree concerning the manner in which the changes, above mentioned, are produced, and consequently several theories have been proposed to account for them. Perhaps that of H. Muller, as stated in the *Archiv. fur Ophthalmogie*, vol. iii., is the theory most consistent with the anatomy of the anterior portion of the eye. Prof. Arlt, however, after most careful dissection of more than 300 eyes, prepared in various ways, delineates the anterior portions of the eye somewhat differently

from Muller, as also from Helmholz and Brucke, and differs from these physiologists in explaining the manner in which adjustment is produced.

It is well known, that Brucke and Bowman proved that the ciliary muscle, which lies outside the vitreous humors, between the anterior limits of the retina and the union of the selerotica with the cornea, is composed of two series of muscular fibres—the radiating, which pass from the anterior termination of the selerotica towards the ora serata of the retina, and the annular fibres, which pass in a circle parallel to the circumference of the cornea, forming a kind of sphincter, similar to the corresponding fibres of the iris.

In addition to these muscular fibres, there are others, composing the zonule of Zinn, which appears to be a continuation of the retina, modified however in structure. The function of this organ has long been a subject of discussion among physiologists. It is now regarded by many of them as the antagonist of the ciliary muscle.

Muller explains the action of these fibres in the adjustment to near objects as follows:

1*st*. The annular fibres, in contracting, exert pressure upon the periphery of the lens, which increases the length of its antero-posterior diameter—that is, makes it thicker and more convex.

2*d*. The radial or longitudinal fibres, in contracting, tend to draw the choroid coat, and, consequently, the vitreous humor, forward, thus preventing the posterior portion of the lens from receding at the moment the diameter of the lens is increased as just described.

3*d*. The pressure of the external portion of the iris upon the corresponding portion of the capsule of the lens, tends to increase its convexity anteriorly.

4*th*. The contraction of the ciliary muscle produces a relaxation of the zonule of Zinn, which relaxation also favors an increase in the diameter of the lens.

5*th*. The contraction of the zonule, supposed to occur while the ciliary muscle is in a state of relaxation, draws literally upon the capsule, thus rendering the lens less thin, and, consequently, less powerful.

The changes, which have been proved to exist in the lens, and the situation of the muscular fibres, are such, that they *seem* to bear the relation to each other of cause and effect. This theory derives support from facts in comparative anatomy. It is stated by several authorities that these muscles are developed to a wonderful degree in those birds which are remarkable for their great power of accommodation. The lens in such birds is also of less consistency than in many other animals, which renders modifications in its form more readily effected.

The contraction of the pupil, during the act of accommodating the focus of the eye to near objects, is probably of less importance than the other phenomena we have noticed, since we know that the changes, produced by ordinary variations in the amount of light entering the eye, do not modify the power of adjustment. A still stronger proof, that the adjustment of the focus may take place independent of the action of the iris, is found in cases in which paralysis of the iris and the loss of adjusting power are observed in the same eye, as reported by Graefe. After treatment, in one case the function of accommodation was restored, while the paralysis of the iris remained; in another case, the paralysis was cured without any effect upon the loss of accommodation, showing that the two functions to a certain extent, at least, are independent of each other. Even without the good result of treatment, such cases would afford no argument against our supposition, since the same cause, which produced the paralysis of the iris, operating upon nerves in so close proximity, might also produce the paralysis of the ciliary muscle and the zonule.

DesMarais reports a case of mydriasis following a blow near the eye, in which the power of adaptation remained perfectly normal.

It has been supposed that the recti and obliqui muscles of the eye, had also some influence in the adjustment of focal distance. An argument for this opinion is thought to be found upon the fact that very often, after the operation for strabismus, vision is improved. But that accommodation may be entirely independent of these muscles, is proved by a case reported by Graefe, in which all twelve muscles of the eyes were completely

paralyzed, and still the power of adjustment was perfectly intact. It is true, *sight* is improved by the operation for strabismus, but this is probably independent of any modification in the function we are now considering. We must remember that an eye affected with strabismus often becomes amblyopic in consequence of disease, the patient finding, by experience, that he is unable to see distinctly with the eccentric portion of the retina. The organs of adjustment become also weakened from disease. Now, an operation, by restoring the eye to its normal position, also restores the central point of the retina in harmony with the other eye, whereby this portion of the nerve and also the muscles of adjustment, by performing their normal function, regain their lost power. That a muscle of the eye in disease, by undue pressure upon the globe, *may* affect the focal distance of the eye, is undoubtedly true, but whether in health this is actually the case, is scarcely probable. There is more reason to believe that the orbicularis *may* assist the eye in changing its focal distance, since the near-sighted involuntarily contract this muscle as much as possible in viewing distant objects. Because a muscle *may* possibly perform a certain act in certain abnormal conditions of muscles near it, it does not follow that it does it habitually in health any more than that the muscles of the *arm* assist the eye in "accommodation," because a very near-sighted person, by pressing gently upon the eye with his finger, *may* render the organ somewhat more far-sighted.

On the same principle, the argument, founded upon the fact that a patient occasionally preserves, to a considerable extent, the power of adaptation, even after the double operation for cataract by extraction, is really of little weight; since such a case is quite rare, and only proves that *some* persons can employ the other muscles of the eye to assist it in adjusting its focus, just as we *occasionally* find an individual who has a remarkable power over the muscles of the ear (auricle) and scalp.

In the present state of anatomy and physiology of the eye, therefore, we may regard the following as the most essential points in the theory of accommodation:

1*st*. The focus is adapted to near objects by an increase in the thickness and convexity of the lens, and by a slight motion

of the lens from the retina; to distant objects, by a diminution in the thickness and convexity of the lens, and a slight motion of the lens *towards* the retina.

2*d*. The former of these changes are produced by the ciliary muscle, and the latter by the zonule of Zinn.

The nerves which supply the ciliary muscle and the zonule of Zinn have not as yet been satisfactorily demonstrated. They, however, like the muscular fibres themselves, are probably entirely independent of the iris and its nerves.

Like every organized structure, the portions of the eye which we have thus far considered are liable to disease. The pathology of these diseases, as well as the physiology of the function itself, has been enveloped in obscurity. But since it has been well understood that "accommodation" depends principally upon a particular series of muscular fibres, an explanation of numerous morbid conditions is readily found.

The most frequent example of abnormal condition of the muscles of "adaptation" is offered in very many cases of myopia and presbiopia, or far and near sightedness, although, in a vast number of instances, we can find no cause of these affections, except in some idiosyncrasy in the individual, in modifications of the consistency of the lens, or in changes produced by advancing age; yet there are thousands of people who have rendered themselves far or near sighted by an injudicious use of their eyes.

The ciliary fibres, as also those of the zonule, are, to a certain extent, developed in proportion to the exercise to which they are subjected. Hence, we see that, as a general rule, those persons who employ their sight equally upon near and distant objects, usually suffer little from difficulties of adjustment. On the other hand, the young who are confined within the walls of the schoolroom, who spend much time over books, and who rarely look beyond the narrow lanes of the city, by constant exercise of the ciliary muscle have so little demand upon the zonule that it at last loses much of its power. The consequence of this is, that the lens is so constantly confined in a position adapted to near objects, that efforts to look at a distance are followed with pain. Regarding the ciliary muscle as an analogue

of the flexor muscles, and the zonule of the extensors, we can compare the condition of the eye just described to that of an arm which has been retained in a state of flexion, efforts to extend which are accompanied with discomfort.

The sailor, who spends so many hours in the open air, looking at distant objects, has little exercise for the ciliary muscle, while the zonule is ever in a state of action. This condition may be compared to that of an arm kept long extended. Efforts to flex it are painful.

The eyes often become myopic when affected with incipient amaurosis. To obtain as distinct an image of an object as possible, a greater quantity of light than usual must enter the pupil; to effect this, the object must be brought near the eye, and the focus of the lens is adjusted accordingly. In time, the habit of placing the eye so near an object is confirmed, and the ciliary muscle becomes abnormally developed. Great care is necessary in the selection of glasses for patients who have partially lost the power of accommodation, otherwise they aggravate the evil for which they are adopted. Under ordinary circumstances, a convex glass, more powerful than is required, renders the eye more *presbiopic*, and a too powerful concave glass renders it more *myopic*.

Besides the common affections of far and near-sightedness, there are several others which, although not so frequent, are by no means rare.

I have lately had occasion to examine two individuals whose eyes, to all appearances, were perfect. They had the power of adjusting, with great facility, the foci from a near and minute object to a distant one, so that they could read the finest print and distinguish small objects at a very great distance off. And yet these individuals were wholly unable to follow their vocations, which required their eyes constantly fixed upon minute objects. After reading a few moments the sight grew dim, accompanied with pain over the brow and in the globe itself. The affection in each of these cases is probably one implicating the ciliary muscle. For some reason this muscle is unable to support a continued state of traction and soon tires. This state of the eye has been called asthenopia, and is a very common disease in the

weak and debilitated, who are obliged to employ their eyes long at a time upon minute objects with insufficient light. Such cases are usually complicated with slight congestion of the retina and choroid. Cases like the two which I have just cited, without complication, are less frequent.

Slight blows on or near the eye, or injuries of the fifth pair of nerves, sometimes produce less of the power of accommodation. A patient with such an injury may be able to see an object placed at a given distance, but has no power to distinguish objects with accuracy at a greater or less distance. Graefe reports several cases in which loss of accommodation was caused by very slight injuries.

A singular condition of the eye is occasionally found in which a person who, within certain limits, is by no means near-sighted, is yet unable to distinguish distant objects. For instance, a patient may be able to read the finest print at the distance of a couple of feet, and ordinary type at the distance of four or five feet, and not be able to distinguish the sashes of a window at the distance of fifty feet. A near-sighted person who could not read the same print except by bringing it much nearer the eye, could much more easily distinguish the different portions of the window. A wholly satisfactory explanation of this peculiarity has not yet been offered, although the muscles of adaptation are probably implicated.

I am well aware that I have omitted several questions of interest connected with this subject, but they are of minor importance, and can scarcely strengthen the arguments for or against the principles I have discussed.

ARTICLE III.

RESECTION OF THE ELBOW JOINT AND ULNA. RECOVERY, WITH A USEFUL MEMBER.

BY J. W. FREER, M.D., PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE, ETC., ETC.

History.—Zachariah B., aged 17 years, came under my observation, for the first time, in October, 1857, with extensive disease of the elbow joint and ulna of the right side. His medical attendant informed me that six months prior to this, the patient was seized with what appeared like inflammatory rheumatism in the affected joint. At the expiration of five or six weeks he became aware of the true nature of the case by the appearance of an abscess communicating with the articulation. On exploring which, it was found that the articular cartilages were already partially destroyed by ulceration, and the contiguous bones softened and carious. Subsequently the entire ulna became involved in inflammation, eventually leading to necrosis.

At the time specified above, when the patient first came under my care, his general condition was as follows: emaciation, diarrhœa, hectic fever, night sweats, loss of appetite, etc.

Condition of the limb.—The arm in semi-flexed position, and incapable of movement; elbow joint much enlarged; on the ulnar side of the joint three sinuses, leading to the articular cavity, one conveniently situated for exploration of the joint, through which it was ascertained that the articular cartilages were nearly, if not altogether, destroyed; the contiguous bones softened and carious; two or three inches below the joint a sinus, leading to the necrosed ulna; at the lower extremity of the ulna a large opening, through which the head of the bone protruded, it having been severed from its ligamentous and articular attachments by the progress of the malady. The radius seemed unaffected by the disease.

In consultation with my friends, Drs. Hollister, Hoffman and Nelson, an operation for resection of the diseased parts was considered advisable, which was performed in the following manner:

Operation.—The patient having been placed fully under the influence of ether, an incision was made the whole length of the inner border of the ulna, and extending three inches above the elbow joint. Another at right angle with the former, extending from one condyle to the other. The flaps included in these incisions being dissected up, the posterior surfaces of the joint and ulna were freely exposed; next the triceps muscle and the ligamentous connections of the joint were severed, liberating and bringing into view the diseased surfaces of the articulation. (Special care was taken to avoid injury of the ulna nerve.) Then flexing the forearm, in order to render the humerus prominent, the dissection was carried up the anterior surface to the required extent, and the diseased portion removed with the saw, care being taken to preserve the soft tissues by the interposition of a piece of pasteboard. The point selected for dividing the bone was situated half an inch above the upper edge of the olecrenal fossa.

Then, proceeding to the inferior constituents of the joint, the head of the radius was removed by means of the bone scissors; after which, the ulna was enucleated entire, great care being observed to preserve the periosteum with its patches of new bone developed irregularly here and there. Two or three small vessels required ligation. The incisions were closed with interrupted suture; the limb placed in a flexed position, secured by an angular splint of pasteboard; a full dose of morphine ordered, and the patient placed in bed.

Morbid anatomy of the parts.—The articular surface of the humerus completely denuded of cartilage, with considerable destruction of the corresponding bone; the cartilaginous surface of the head of the radius in a state of progressive ulceration; the sigmoid notch of the ulna denuded of cartilage; the bone in a carious condition; the shaft of the ulna necrosed throughout its length, which was previously involved in irregular patches of provisional bone, not sufficiently firm to offer any obstacle to the removal of the sequestrum.

The patient remained under the care of the attending physician of the almshouse (Dr. Nelson), who informed me that he recovered rapidly and without reverses.

At the present time, nine months after the operation, the limb is in the following condition: the elbow firmly anchylosed; the original situation of the ulna nearly occupied with new bone; the hand and fingers useful, and capable of performing all of the natural movements, but with less vigor than is desirable, owing, undoubtedly, to the detachment of the origin of the long flexors and extensors, and the long period of disuse of the member.

Remarks.—The propriety of resection of the elbow joint, in suitable cases, is so well established that its utility is unquestionable. Happily for mankind conservative surgery is "the order of the day." But until recently, the practicability of removing the elbow joint, with one or the other of the bones of the forearm, has been doubted, at least, with any prospect of restoring the member to usefulness.

In refutation of this doubt, several illustrative cases have been recently presented to the profession. Two by Prof. Carnochan, wherein in one case he removed the ulna, in the other the radius, both resulting in useful members. Another by Prof. Brainard, in which the ulna was removed with the constituents of the elbow joint, resulting in an unusual degree of usefulness of the member. And it gives me much pleasure that I am able to add still another case in support of the utility and practicability of this truly conservative operation.

The present tendency of the professional mind is such, that at no remote period, resection of a certain class of diseased joints will probably completely substitute the original destructive method by amputation. We have already gained sufficient experience to establish the comparative safety in the removal of even the large articulations, such as the knee, hip joint, etc.; and it is desirable that these inquiries should be extended, until the operation, as well as the diseases amenable to its benefits, are fully systematized.

PROFESSORS DAVIS AND BYFORD,—It is due to *you*, as publishers of the "Journal," to say that, although not at this time a subscriber to your excellent publication, I am a reader of it. My friend, Dr. A. W. Adair, and I take three partnership journals—I receiving the *American* and *Medical News*, and he yours—and we exchange. On motion of Dr. Green, one of the members of the graduating class last winter, it was unanimously voted that I should furnish you with the accompanying paper for publication. This duty I now comply with.

Respectfully yours, etc.,

WM. MATTHEWS.

Sept., 1858.

ARTICLE IV.

DIABETES.

(A Paper read before the Hendricks County Medical Society, at its July meeting.)

BY W. MATTHEWS, M.D., OF NICHOLSONVILLE, PUTNAM CO., IND.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY,—At the last meeting of this society I was requested to prepare a paper to be read at this time. Not feeling at liberty to disregard the request thus kindly extended to me, I have selected for a subject that ancient, yet very imperfectly understood, disease known as diabetes.

Diabetes is a disease of very considerable interest to the medical practitioner. Being a very rare affection, this circumstance of itself renders a cure of it a matter of interest. In addition to its rarity, its illy defined pathology, and almost uniform fatality, give additional gravity to the subject. That the disease is a rare one every experienced physician must admit. A tolerably full practice of nearly sixteen years has furnished me with but a single well-marked case; and I have conversed with a number of practitioners of considerable experience, who never saw an instance of the disease. And, indeed, our authors bear evidence to the same general purport, though it is to be remarked that some of the older writers speak of the disease as somewhat common—a circumstance to which I shall advert presently.

As to the pathology of the affection I would only remark in

this place, that it is a matter quite unsettled; and agreeable to the best late writers, very few, if any, cases of the disease ever get entirely well.

Now, as I propose speaking of the disease somewhat in detail, let us in the first place narrate its most prominent symptoms. It was known to the ancient Roman physicians. The name appears to have been derived from two Greek words, signifying "to pass through"—from the great quantity of aqueous fluid, I suppose, which passes through the kidneys and bladder. "Diabetes," says Eberle, who is in general a correct describer of disease, "usually makes its appearance in a very gradual manner, although, in some instances, it comes on suddenly, with slight chills and febrile commotions. When its invasion is gradual, it is generally attended from the first with various indications of a disordered condition of the digestive organs—such as variable appetite, acid eructations, occasional nausea and vomiting. The quantity of urine discharged in this affection," he continues, "is almost always extremely great, and in some instances truly enormous. I have seen," says he, "two cases, in which from twelve to fifteen pints of urine were discharged in the course of twenty-four hours, for several weeks. The urine in this disease," says the same author, "is generally of a pale straw color, approaching sometimes to a shade of green. The urine gives off a faint odor, resembling somewhat that of fresh animal broth, and its taste is sweet. It contains very little or no urea, and it passes readily into the vinous fermentation." I continue to quote from the same authority. "The constitutional symptoms which attend this disease are—urgent thirst; craving appetite; dry skin; a distressing sense of weight and uneasiness in the stomach after taking food; dry and parched mouth; white, foul, sometimes clean, and red tongue; wasting of the flesh; a feeling of languor and aversion to exercise; debility; pain and weakness in the loins; irregular action of the bowels, being most commonly costive," etc., etc.

With this sketch of the symptoms of diabetes, I pass to the consideration of its causes and pathology, only remarking that the most prominent symptoms are dry tongue, dry mouth,

rapid emaciation, and the discharge of an inordinate quantity of urine, more or less loaded with saccharine matter. To constitute a case of genuine diabetes, the urine must contain saccharine substances; and I shall, therefore, in the present paper, confine my remarks to saccharine diabetes.

"We know but little about the causes of diabetes," says Dr. Watson; and apparently to avoid the investigation, so fruitless to all his predecessors, he adds, that, in "those afflicted with it, a predisposition to it probably existed." But in what this predisposition consists we are left to conjecture. If Dr. Watson is correct in his notion that the disease is frequently hereditary, and he mentions several cases which appear to support such a view, I would ask, in what does the predisposition consist? Does the hereditary vice consist in primary organic or functional disorder of the organs of assimilation in, to use other words, hereditary indigestion? "It occasionally seems to be," says he, "produced at once, by the operation of some exciting cause, such as exposure of the body to cold," etc. Now the question is, how does cold produce diabetes? "Distress and anxiety of mind are held," says the same authority—and justly, he thinks—"to be among the predisposing causes." Distress and anxiety of mind, if we admit them to be predisposing causes, must have their primary seat in the brain; and "cold," too, not unfrequently gives rise to nervous affections.

Thus may not the disease in question properly be referred to the nervous system as its primary seat? It is well known that neurotic disorders, of all others, are most often transmissible from generation to generation. Apoplexy, epilepsy, hysteria and chorea, are familiar instances of the truth of this assertion.

But there are better grounds than those just stated for referring the primary seat of this disorder to the brain, or rather nervous system. When we turn back to the older writers upon the subject under consideration, they tell us that diabetes has its seat in the kidneys; and to fortify their position, we are told by them that autopsic inspection bears testimony to this view; for, say they, while it very often happens that no traces of disease can be found in the whole digestive apparatus, the kidneys are always more or less altered from their healthy

appearance. More recent and, as is presumed, better informed pathologists, however, while they admit the fact that the kidneys, during the progress of diabetes, undergo very manifest structural alterations, they contend that those alterations are solely due to excess of function, and not to primary disease—that is, that the kidneys have simply been overworked, and, as a consequence, are more or less hypertrophied. And such, no doubt, is the truth of the matter. But it is to be remarked, that while the more recent writers succeed in destroying the kidney theory of diabetes, they have failed to establish a more rational solution of the difficulty. They tell us, to be sure, that the vice is to be looked for as a simple functional difficulty in the chylopoietic organs; that the fault lies in some obscure variation in the assimilative process. But dissection fails to exhibit any material changes in any of the structures immediately concerned in eliminating the food; and we are again left to uncertain conjecture.

There is, to a certain extent, at least, a solecism involved in speaking of simple functional disease. It is almost equivalent to talking about a disease without a cause. A watch may run continuously but irregularly; but that irregularity, it must be confessed, depends upon the variable application of certain physical laws or forces. If these laws and forces were equitably supplied, the watch would move with the exactitude of the heavenly bodies in their spheres. So of the human mechanism: supply it with all the physical conditions of health, and we should have no functional disorders to quibble about.

I am, therefore, for the reasons above suggested, strongly inclined to doubt the propriety of dividing diseases into organic and functional, merely because we are frequently unable to behold, with our imperfect means of investigation, changes of structure to which to refer them. In the present instance, then, I am led to look beyond the altered condition of the kidneys for the cause of disease. I go to the viscera—the stomach and bowels, and their co-laborers in the work of assimilation. But here I find no evidence of primary disease. All the organs of this system are, apparently, in a state of physical integrity not incompatible with perfect health. But there is irregularity

of function. The inner guard which stands sentry at the entrance of the very fountain of life has failed to perform its duty, and foreign matters have found their way into the circulatory fluid. Sugar, a natural enemy to the life-forces, has found its way into the mass of fluid that is sweeping with fearful speed through every ramification of the body, supplying this tissue with appropriate nutriment, and removing from that hurtful and pestiferous waste matters—these latter being presented to the various outlets of the body, and through their appropriate channels expelled therefrom. Thus it is that the sugar, surreptitiously, so to speak, introduced from without, a blood poison, upon reaching the kidneys, is permitted to escape; but in finding its way out through these organs, the foreign saccharine substance acts upon them as a powerful diuretic, and the consequence is, that the urine is poured forth in inordinate quantities, greatly diluted, and holding in solution the peculiar sweet substance known as diabetic sugar. It is proper here to state, that the chemical relations of the urine itself are not necessarily greatly varied from that of health, except in dilution, and the one foreign compound, diabetic sugar—glucose. I am aware that this statement may be called in question, but it is presumed to be mainly correct.

The sugar, therefore, in the urine is to be regarded as the result of a blood poison; and its introduction into that fluid—the blood—is to be attributed, not to primary disorder of the kidneys, nor yet of the stomach and bowels, but of the nerves of organic life which supply the chylopoietic viscera. And we are not to look to the extremities of these nerves for the source of the trouble, but we are to go to the source of the nerves themselves—the brain—to find it.

Thus, I shall contend that diabetes is neurotic in its nature, and that its primary seat is to be sought for in the brain, and that therapeutical agents used in its remedial management should be addressed, at least in part, to the primary lesion.

Now then, I shall proceed to offer a few remarks in support of the neurotic origin of diabetes, and I beg leave to say, that if I produce but one proof, plain, clear and indisputable, I think the argument will be entitled to respect at least, since such a

proof has, so far as I know, never been furnished the profession by any of the numerous theories in popular vogue.

"M. Bernard found," says Dr. Wood, "that by irritating the the olivary bodies of the medula oblongata, he could at any time increase the production of sugar, and cause its appearance in the urine." That is, by the irritation of these bodies the digestive process is so far removed from the control of the vital laws, as to permit the supremacy of the chemical laws, and in this manner allow the starch, etc., contained in the food, to undergo transformation into sugar, and the result of this transformation, being absorbed into the blood, is expelled unchanged along with the urine.

Again, Dr. Prout remarks, that "so far as his experience goes, carbuncle is always accompanied by diabetes." May not, let me ask the question, carbuncle frequently produce irritation of the medullary bodies in question? Indeed, we know that carbuncles, located on the superior portions of the body, not unfrequently destroy life by cerebral disease. And I therefore infer that carbuncle, so commonly met with in diabetic patients, should be, in some instances at least, looked upon as a cause rather than a complication of the disease. But more to the point are the two following cases, the substance of which I extract from the June number of the *Medical News and Library:*

A woman, recently under the care of Dr. Todd, of King's College Hospital, after having received a severe injury of the head, became diabetic. She had hemiplegia, rigidity of the right arm, etc., and died. Dr. Goolden, says the same report, treated a case some years ago, in the course of which, the patient, a man who had received a very severe stroke upon the occiput, became diabetic.

Now, the evidence just offered establishes very clearly to my mind, at least, the cerebral origin of diabetes. It might, indeed, be very difficult to point out the exact pathological nature of the affection; but we are by no means to be astonished at this. We know that epilepsy, catalepsy, chorea, hysteria, etc., are nervous disorders, but no one has, I believe, furnished the profession with the special pathology of either of these affections; and the same may be said of several other neurotic affections. In

certain forms of paralysis, for example, the exact or special pathology is not well understood. In the white softening of the brain it is inferred, I believe, that there is loss of substance, an atrophy; and this inference is strengthened from the fact that patients laboring under the affection are frequently restored to health by a tonic plan of treatment. The organ is put upon a better regimen, a nutrition richer in the elements of its growth, and as its bulk is increased, the manifestations of disease are, so to speak, pushed aside. So of chorea; sulphate of zinc cures certain cases of chorea by somehow aiding the nutritive process concerned in supplying the nervous wastes.

For the purpose of illustrating the present subject more fully, especially in a practical point of view, I will here introduce the substantial history of a single case, not attempting to descend to minutiæ.

On the 6th of April last, I was requested to examine Mrs. K., a lady about sixty years of age. I had occasionally seen her before, and was now somewhat surprised to see her so thin and shrunken in appearance. I remembered her only as a plump, plethoric, hearty-looking old lady, who would probably have weighed 160 pounds. Her appearance was now that of a person who had been reduced to death's-door by starvation. The surface of the body was dry and shrunken, the adipose matter gone, and the muscles greatly attenuated. Her manner was unsteady, hurried and agitated. The pulse was not much unnatural, perhaps rather small and hard. She was free from cough, and suffered no acute pain; even those neuralgic pains, so commonly complained of in the left side of certain females, and from which this old lady had suffered more or less for many years past, had given her no uneasiness for two or three months. Her mouth was dry and the tongue covered with a white coating, and the bowels were constipated. She had great thirst—insatiable and voracious appetite, which she could find no means of satisfying. And for two or three months she had passed, according to her own statement, from one to two gallons of a pale straw-colored sizy urine every twenty-four hours, and daily emaciation had been going slowly on during

the whole time. She had had but little treatment, and that without any permanent advantage to her.

This was a case, as I then inferred, and I imagine correctly, of diabetes mellitus. Not having the necessary means of testing the urine by chemical reagents, I put a couple of ounces in a vial and added to it a small quantity of well fermented yeast, and in the course of a few hours the whole was in an active state of vinous fermentation—a circumstance indicating beyond the possibility of reasonable doubt the presence of sugar.

She was advised to eat nothing containing sugar, and to avoid, as far as possible, as articles of diet, those substances containing starch. Meat, eggs, milk, butter, cheese, and the leguminous garden vegetables, were recommended for food, with small quantities of stale bread. She was also advised to take creosote and opium three times daily, and a powder of sulph. cinchonia and carb. ferri about the middle of the fore and afternoon each day. She was also allowed as much brandy as she might desire, and her bowels were to be regulated by stimulating enemata.

Under this management the old lady was more comfortable, and the quantity of urine was perceptibly diminished. But after being kept upon the treatment a good many days, I was satisfied that the emaciation was not arrested, nor were the physical appearances of the urine at all altered for the better. About this time she was put upon an infusion of rennet, I having obtained the knowledge of its reputed virtues in this class of cases from our distinguished friend and the friend of science, D. Hutchinson, M.D., ex-president of this society. But although used for a considerable length of time, was unable to perceive that the patient derived any benefit from its employment; besides, the solution was exceedingly offensive to her.

At this time, after the old lady had been under treatment about five weeks, her condition was apparently hopeless ; she was growing thinner and more feeble daily, though her appetite remained still morbidly good. Her skin and mouth remained dry, and she was agitated by nervous tremors. I now as a last and almost forlorn hope resolved to put her upon the following prescription :

℞ Pulv. ipecac., ʒ i.
Nit. argent.,
Pulv. opii, each, grs. xv.

Mix, and form into sixty pills; one to be taken three times a day, one hour before eating.

Under the employment of this prescription the patient was better on the second day, and very manifestly so on the fourth. In one week the quantity of urine was diminished very nearly within normal limits, and its physical *appearance* was that of healthy urine. The mouth was moist and the thirst very moderate, the skin was covered with a healthy, warm perspiration, and the appetite had lost its insatiableness, and now to use the old lady's own words, "she could quit eating." Her bowels seldom required the syringe any more.

She was kept upon this treatment, without material variation, for about four weeks, when, so far as the diabetic disease was concerned, an apparent cure, at least, had been effected, and the prescription was discarded. Up to the present writing there has been no return of the original disease, the patient being now able to go abroad, and she has evidently gained considerable flesh. She is using an ordinary mixed diet.

It is proper to state here, that from the first of my seeing the patient in question up to the present time, she has suffered more or less from what seemed to be a simple conjunctivitis. Whether it has any pathological connection with the diabetes is entirely problematical. The eye—the right one only—is still inflamed; and because it was rebellious to treatment, and I had not the power to force it into obedience, the patient became *impatient*, and Dr. B., a quack of the eclectic school, and who had, during almost my entire intercourse with the case, been interfering, was called in. But with the original ailment he has had, nor will he be permitted, I presume, to have anything to do.

Now here is a case of diabetes—mellitus, I suppose—which has been cured, apparently at least, and I have given you the general plan of treatment that was adopted. And here I must not forget to advert to the curability of the disease, as I sometime ago promised to do so. The older writers claim to have

cured the disease frequently; but it is to be presumed that many of their cases were not saccharine diabetes, but a sort of vicarious disease. Eberle, a very sagacious physician, says he cured but one case out of six that came under care; and Watson, I believe, supposes the disease to be incurable. But if, as I have supposed, the disease is neurotic in its nature, it must be apparent that it is an affection which may occasionally admit of cure. And, indeed, cures may sometimes take place spontaneously; for if by any means the peculiar irritability of the medula oblongata, upon which it is believed to depend, should be removed, the urine would lose its morbid character, and the patient would recover, provided the system had not been too much depressed to admit of recuperation. How often, for example, do spontaneous cures of epilepsy occur? We have probably all witnessed instances of this kind. So of chorea, and so, also, of paralysis, especially of that variety dependent upon atrophy of the brain.

But why did I employ the nit. of silver in the treatment of the case, brief notes of which I have just read? I might assign several reasons for prescribing the salt of silver. First, I prescribed it because I lacked confidence in any known mode of treatment. Secondly, because, should the essential nature of the disease be an obscure chronic inflammation of the mucous tissue of the stomach and bowels, as many physicians seem to believe, I knew of no remedy better calculated to restore these tissues to a healthy condition than the nit. of silver. Thirdly, if the disease is neurotic, as I have contended it is, then perhaps no agent in the whole catalogue of remedies would seem to promise more good results than this one. Its undoubted efficacy in several forms of nervous disease is well known. Epilepsy, catalepsy and chorea have, it is believed, frequently yielded to the powers of this remedy. But how does nitrate of silver operate in curing certain chronic nervous affections? The only satisfactory answer which I am able to give is that the medicine, as experimentally established, sometimes cures the affections named—and what cured a given case will cure another identically similar case similarly circumstanced. The nitrate of silver is claimed to be tonic, alterative, astringent, etc. It

[For conclusion of Article, see page 661.]

(Continued from page 596).

informed us, in a conversation upon this subject, a few days since, that he thinks there is no such disease as milk-sickness, "*sui generis*," but that it is merely a peculiar set of symptoms produced in some seasons more than others, and attending our ordinary bilious fevers, so called.

The Dr. says he has seen very many cases that were called milk-sickness, where all the morbid appearances so commonly described, were seen; and that after the extreme irritability of the stomach was allayed, the patient would subsequently continue in the condition we find in ordinary miasmatic fevers. From the fact that the usual remedies employed in allaying vomiting and obviating constipation are mentioned as most successful in this disease, there certainly is some reason to conclude that it is merely a peculiar modification of our miasmatic affections, where the cause is so intense as to affect even the brute animals.

We leave the subject with the hope that others in the future may continue to watch its phenomena and discover its true primary cause.

The eighth question in our circular is in reference to cholera infantum. Little or nothing has been received in regard to the disease, and we infer that its prevalence has been limited within the last year.

This disease has prevailed more or less in Joliet for the last four years, and in a form of morbid action that should deeply interest all of us. As its name implies, it is a disease of infancy. It occurs at a time of life when it is extremely difficult to cure any severe form of disease. It occurs, too, during a season of the year when bowel affections are more common in persons of all ages. It is liable to occur among the members of our own households, and of those of our friends most intimate.

We might, with propriety, add to the term cholera infantum that of *Americana*, for it seems to be confined to our country, and principally in cities. For this reason, too, should the American physician feel interested in investigating it. It is not our design to write a dissertation upon this subject, but to present some important considerations, both in diagnosis and treatment, as well as preventive.

It is frequently confounded with ordinary diarrhœa. There are some marks by which it may be distinguished. In the first place, vomiting is almost unfailing at an early stage, and a peculiar sunken appearance, with a deep leaden hue to the face. There is, secondly, great depression of the vital energies very soon after the attack, requiring stimulants and other means to excite action. Thirdly, a peculiar forcible expulsion of the contents of the bowels, as if thrown from a syringe, and a very sickening odor attending the secretions. Other distinguishing features might also be mentioned.

We find cases of cholera infantum most frequent in unhealthy localities, and apartments occupied by too great a number of individuals. The child derives its sustenance from the breast of a mother who also is breathing a vitiated atmosphere, and in most cases has but a limited supply of proper nourishment.

But occasionally we find severe cases of this affection in a family residing in a healthy place, with all necessary appliances of health as to air and food; only the general predisposition exerts an influence in the latter instance.

There is one point which we wish to introduce here in reference to the treatment of this disease which has already been alluded to in our remarks upon dysentery, viz: the avoiding of cathartics and other reducing agents. The judicious use of alteratives, anodynes and tonics, will insure the greatest success in its management. To control the excessive irritability of the stomach, which generally obtains before the physician is called, we have found great benefit from the use of cold to the pit of the stomach and the abdominal region, and allowing the child to take small pieces of ice into the mouth, while warm stimulating applications are made to the extremities. Enemata of cold water alone, or with tr. opii and tannic acid, will frequently control the alvine discharges. As soon as the vomiting is allayed so as to retain medicine upon the stomach, minute doses of some mercurial (if an alterative is indicated), with opii or Dover's powders and sul. quinia, should be administered. The powders are best retained by being placed upon the tongue, to be swallowed with the saliva or washed down by allowing the child to take the breast immediately. The sight of a spoon is

to many children most horrid, and it is very desirable not to excite the little patient's opposition if possible. If local inflammation in the stomach can be allayed, the careful use of tonics, with stimulants, such as brandy punch, carb. ammonia, are productive of great benefit. This course must be persevered in with energy, so as to keep up the strength. Most fatal cases result from mere exhaustion of the vital energies.

From the fact that the subjects of the disease in question are most commonly those that are nursing, it would naturally be expected that the condition of the mother greatly modified its character. It is frequently found that a child is laboring under a severe bowel affection while the parent is troubled with constipation. If she takes a cathartic, its influence is sooner manifest upon the infant than herself. Attention directed to her health will soon be favorably appreciated in the object of her care.

If it is true, then, that the effects of a cathartic given to the nurse will be seen in the infant, for the same reason will benefit be derived from the use of tonics and all invigorating agents, either medicinal or dietetic. The state of the mother's mind greatly influences the child, especially in a disease attended with exhaustion. Excessive grief will impair the appetite and prevent sleep. From day to day the child is taking nourishment which has its source by causes above mentioned.

The little sufferer has learned that the breast is the great panacea of all its woes, and frequent appeals in that direction are made. Immediate vomiting may result. An empty stomach still calls for more, and as the secretion is diminished in quantity, and at the same time the strength failing, the exertion necessary to draw the milk tends to increase the exhaustion without much benefit being derived.

The following instance will illustrate the influence of mental causes upon the infant. In the autumn of 1854, a lady called to see an intimate friend who was dying. One of the family had already died of cholera, and new cases were constantly occurring. The mental agitation, together with grief at seeing an intimate friend upon her death-bed, entirely overcame her. She went home and retired. She had a child about a year old,

which was at this time perfectly well. He nursed soon after her return, and was taken with severe vomiting and purging in a short time, so as to create alarm.

We were called, and found no evidence of functional derangement. The cause was so apparent that nothing was given, and in a few hours all morbid symptoms subsided. Before night the next day he was as well as ever.

If it is apparent that a child is influenced to any degree by these causes, it must be weaned immediately; and no one can treat diseases of children successfully unless these considerations receive due attention. These hints are thus presented to call the attention of the profession to the observance of such facts.

Too little attention is devoted to the diseases of children. Mothers are apt to think nothing can be done by medicine, and too many medical men are in the habit of saying, "It is but little use to doctor children, and we will leave it to the old women." Such teachings are false, and no one should shun an opportunity to attempt the cure of a child when laboring under disease.

The action of remedies is marked in the case of infants, and the comparative difficulty of diagnosis in their diseases is more than met in their freedom from the whims and prejudices of older persons.

Dr. J. O. Harris, of Ottawa, has kindly furnished the following meteorological record, which accompanies his reply to our circular:

METEOROLOGICAL RECORD FOR 1857, KEPT AT OTTAWA, ILL., BY J. O. HARRIS, M. D. No. 59.

1857.	Max'm Temperature.	Min'm Temperature.	Max'm Mean Temp.	Min'm Mean Temp.	Monthly Mean Temp	No. Rain Storms.	Inches Rain.	No. Snow Storms.	Inches Snow.	DISEASES TREATED.
Jan....	39	16	32.	5.33	9.82	2	.460	3	9.50	Myelitis, Variola, Scarlatina, Colds.
Febr'y	55	4	48.	1.33	32.65	5	2.461	3	6.25	Phthisis, do. do. Pneumonia, Neuralgia, Remittent Fever.
March	62	7	47.	7.66	30.30	6	2.567	5	6.75	Delirium Tremens, do. Colds, do. Hepatitis, Myelitis, Remittent and Intermittent Fevers.
April..	60	16	52.	17.66	37.09	4	.641	7	7.75	Remittent and Intermittent Fevers, Variola, Colds, Pneumonia, Neuralgia.
May....	84	32	69.66	36.33	54.55	7	3.644			Remittent and Intermittent Fevers, Variola, Croup, Neuralgia, Rheumatism, Diarrhœa.
June..	87	44	76.66	53.33	66.66	6	3.949			Remittent and Intermittent Fever, Typhus Fever, Epilepsy, Hysteria, Rheumatism.
July...	93	58	85.	62.	76.27	6	3.970			Rem. and In. Fever, Typhus Fever, Diarrhœa.
Aug't.	91	52	82.86	60.66	67.95	10	6.104			Do. do. do.
Sept'r.	84	35	77.66	45.33	41.62	8	.891			Do. do. Peritonitis, do. Cancer.
Oct....	75	30	64.66	32.33	49.05	7	2.684			Do. do. Typhoid Fever, do. Colds.
Nov....	54	4	54.66	7.33	31.86	5	1.721	4	7.25	Do. do. do. Typhoid Pneumonia, Diarrhœa, Variola.
Dec....	54	17	46.	21.33	32.90	3	.843	4	2.75	Intermittent Fever, Epilepsy, Colds.
				Totals.....		70	29.941	26	40.25	

Annual Mean Temperature, 44.22°.

Dr. Harris writes: "The rate of mortality in typhus was about one in three cases; in what I call typhoid, one in four or five; pneumonia, not more than one in twenty-five. I have scarcely known of a death, within the last six years, from simple remittent or bilious fever, diarrhœa, etc. Scarlatina was quite mild, and I heard of no deaths from that disease. I heard or knew of no *cases* of phthisis."

The Doctor states, in reference to typhoid fever, that he has not seen more than four cases of what he calls genuine typhoid fever in six years. He seems to be more particular in regard to calling our prevailing fevers by that name than many are, and it must be said that his frankness is commendable.

Dr. Harris further states: "It is true that towards the latter part of the season, say from September to January, our (what I call) bilious or remittent fever sometimes assumes a low form, and a few of the symptoms of typhoid fever are seen, such as the dark brown or black tongue, dry teeth and lips, with more or less sordes, and occasionally some stupor, delirium, or tympanites, possibly diarrhœa; but in my own practice, I have

seldom, if ever, failed to find, by rising early enough in the morning, a remission more or less perfect. I have failed to discover the rose spots, or any evidence of an affection of Peyer's glands, which Wood declares to be 'as characteristic of this disease as the pustular eruption is of variola;' and I have not failed, as a general thing, to find the fever gone in from five to fourteen days, when every one knows that twenty-one days is a very short *minimum* time for the duration of typhoid fever. And quinine has been my 'sheet anchor.' Day after day, sometimes for a week continuously, I have given from fifteen to twenty grains, in four or five grain doses, usually combined with opium or belladonna in some form; sometimes in solution (I prefer that form if my patients can retain it so), sometimes in pill, and sometimes in powder; but quinine, in some form they must have, and have taken it with a result that has pleased me and my patients,—whether the practice has been scientific or empirical. Of course, I have used other remedies as occasion requires, but I have employed them as the pilot does his helm, while I have been firing up below and getting up steam with quinine."

In reply to the query, What improvements have you to suggest? Dr. Harris remarks:

"None, except that I have heard oil of erigeron, in doses of gtt. v., every two minutes, recommended as certain to arrest promptly *past partum* uterine hæmorrhage." He has had no personal experience as to its virtues, and would like to hear the result where it has been tried.

STOMATITIS MATERNA.

Respecting this interesting and distressing affection, Dr. D. W. Stormont, of Grand View, Edgar Co., one of the Committee on Practical Medicine, writes:

"During the last four or five years I have occasionally met with stomatitis materna. It has never prevailed extensively or assumed an epidemic form here, nor have the cases generally been severe or unmanageable. The buccal symptoms have usually appeared within a few weeks after delivery; sometimes, however, during the last weeks of gestation. They are uniformly

preceded, for an indefinite period, by gastric derangements of various forms and intensity; as acid eructations, a burning in the stomach, spitting up or vomiting a sour fluid or undigested food, a sinking sensation or distension or tenderness at the epigastrium, depraved appetite, costiveness or diarrhœa, etc. After a while pyrosis becomes frequent, the fluid discharged from the stomach is hot or acrid, and there is a scalding sensation in the mouth and throat, which is aggravated by warm drinks. Now apthæ appear on the tongue and inside of the cheeks.

"It is unnecessary to pursue the symptoms farther, or to speculate on the pathology of the disease.

"*Treatment.*—The state of the bowels must be carefully attended to. If there is costiveness, castor oil or seidlitz powders may be administered. After they have been sufficiently acted upon, the pil. rhei. comp. is admirably adapted to keep them regular. If diarrhœa is troublesome, opiates or astringents must be used. A favorite combination with me is,

℞	Pulv. opii,	grs. vj.
	Tannin,	" x.
	Pulv. ipecac.,	" iv.

"M. Fiat. Pulveris. xij. One to be taken *pro re nata.*

"It is of primary importance to improve the digestion and increase assimilation. For this purpose a full dose of some preparation of iron may be given three or four times a day. I prefer the following in the order enumerated, viz: muriated tincture, iron by hydrogen, Vallet's mass, prec. carbonate. One of the following pills is ordered *immediately* after each meal:

℞	Pulv. rhei.,	ʒj.
	Pulv. ipecac.,	ʒj.
	Castile soap,	℈j.

"Mix with water, and divide into ninety pills, rolling them in calcined magnesia. In passing, I will add that this is a most excellent combination in almost every form of that protean malady—dyspepsia. I am indebted to Dr. Steele for the recipe. The patient is enjoined to use such healthy, nourishing diet as the appetite may crave and the stomach will bear, being guided chiefly by the experience of each case as to the kind and

amount to be taken. What disagrees with one seems to be adapted to another. I depend but little on local applications; but a wash for the mouth and throat, of a solution of sulphate of zinc—fifteen or twenty grs. to the ounce of water—is sometimes soothing.

"It is necessary to continue these remedies for several days, or perhaps weeks, after the more obvious symptoms have disappeared, or the disease will return.

"I have seen a development of this disease prevented by a timely relief of the dyspeptic symptoms by the means here detailed. What cases I have seen were in 'miasmatic districts,' and would lead to the inference that the effect of marsh miasm on the general system favors the development of this disease, by the digestive debility and anemia it produces, at a time when inordinate and peculiar demands are made on the blood for the growth of the fœtus or the supply of the lacteal secretion. I have seen nothing 'similar to it in infants or in men.'"

Dr. O. W. Newell, of Plano, Kendall Co., mentions four cases; of one he speaks as follows:

"The first was in July, 1857. Mrs. M. had occasionally an ulcer in the mouth before confinement. It set in immediately after, and I found her, after four weeks, with high fever, no appetite, and no taste in the mouth. The mouth was one white ulcer back to the fauces, and had also extended into the stomach.

"I commenced my treatment by giving iod. potass, in five grain doses, three times a day, and using a saturated solution of the same for a week. Kept the bowels open with cit. magnesia. Saw an amelioration of the symptoms in forty-eight hours, the ulcers assumed a more healthy appearance, the violent pain in throat and stomach ceased. In four days I diminished the dose to grs. ij., and in eight days to gr. j. In sixteen days discharged well. The treatment of the other cases since was similar, and successful in every case.

"I have noticed the disease in infants, in two cases, where they took it from the nurse."

Of the topography of his district, Dr. Newell says, "I am in Kendall Co., between the two streams, Big and Little Rock Creeks. No marshes; no miasmatic influence of a special nature

around us. The streams are both swift, and Big Rock now freezes in the winter, and but few streams running into them. As for the cause, it cannot be miasmatic."

Dr. A. J. Crain, of Homer, Champaign Co., also one of the Committee on Practical Medicine, writes the following interesting remarks on stomatitis materna:

"The object of this hasty and imperfect report is to notice a few of the more important characteristics of the above disease, as it prevailed in the practice of the writer during the summer and autumn of 1856, in McLean Co., Illinois; and, although many facts to which I shall refer are directly contrary to the experience of many whose observations have been much more extensive than mine, and whose opinions are entitled to the highest respect, yet they are facts, *and as such*, they are respectfully submitted.

"*First.* The disease prevailed as an epidemic. I do not think there was one lady out of ten who became pregnant during the spring of 1856, but what suffered in some degree during pregnancy or lactation. In most cases, the disease commenced early in pregnancy, and unless arrested, continued with a gradual increase in all the symptoms during gestation and the early months of lactation. The second peculiar characteristic noticed was, that a disease exactly similar in its symptoms and progress occurred in several infants, whose mothers had suffered from the disease during pregnancy.

"In the first case of infantile stomatitis, the infant's mouth presented every symptom of the disease; and what was more remarkable, the anus and lower part of the rectum were excoriated and dotted over with numerous points of ulceration, indicating that the disease had passed through the entire alimentary tract, as in the adult. I examined the infant a few moments after birth, as closely as my powers of observation would admit, and could perceive no difference between the affection as it appeared in the infant and in the mother. This child lived several months. Its mouth got well, but the diarrhœa continued, and it eventually sank under the influence of the disease of the stomach and bowels.

"In the second case, the disease was also intra-uterine in its

origin; but the infant had evidently been affected but a short time previous to birth. The stomatitis became more severe in a short time, however, and extended rapidly to the throat, stomach and bowels, producing great difficulty in deglutition, obstinate vomiting and wasting diarrhœa. In a short time deglutition became so difficult, that it was almost impossible to prevail on the little sufferer to swallow even a sup of water. Treatment had but little influence over the disease. The child died when about two weeks old.

"In the third case, the mother had suffered with stomatitis, at intervals, from the third month of utero-gestation. The infant seemed quite well at birth. But three days afterwards it was attacked; and, as in the others, the disease extended rapidly through the whole alimentary tube, and the infant sank gradually under the exhausting influence of the disease.

"The next characteristic noticed during the epidemic was, that the force of the disease was not invariably concentrated upon the mucous membranes, but frequently extended to the deeper-seated tissues. In the first case which proved fatal in my practice, the disease made its appearance during the second month of gestation. I did not see her till the ninth month. At the time of my first visit, I noted the following symptoms:

"A scalding, burning sensation in the mouth, fauces and œsophagus—mastication and deglution extremely painful—a copious discharge of hot, burning saliva. In various parts of the mouth and fauces were to be seen a number of small painful tumors, with hard elevated borders, and surrounded by a circle of inflammation. She had a dull burning pain in the stomach, with frequent vomiting, extreme tenderness in the epigastric region, and a wasting diarrhœa.

"She improved somewhat under treatment, but was attacked on the second day after confinement with acute gastritis, and expired forty-eight hours afterward, perforation of the stomach taking place a few hours after death.

"The next fatal case was that of Mrs. N., pregnant with her second child. She had suffered with stomatitis during her first lactation, and had never enjoyed entire immunity from the disease since it first appeared. The disease had already invaded

the stomach and bowels, as was clearly evinced by the symptoms. She gradually improved under treatment, appearing at times almost well; but she suffered frequent relapses till she was confined. A few days after her accouchment she was attacked with all the symptoms of gastro-enteritis, which proved rapidly fatal, perforation of the bowels taking place about twelve hours before death.

"Now, in both of the cases just cited, it is evident that perforation was preceded by ulceration of the mucous and muscular coats of the alimentary tube.

"From the above facts we deduce the following conclusions:

"*First*, That the nomenclature of this disease in not correct, since the disease, in the most marked form, has occurred in infants. Now I am well aware that the children of females who suffer from this disease are generally large, and what might be called well nourished; and I presume that there are many who will be more strongly inclined to doubt the correctness of my diagnosis than to suppose those were well marked cases of infantile stomatitis. In reply to those, I would simply state, that in every case above referred to, the symptoms were quite as well worked as in the adult, and in every essential character the resemblance was complete.

"The second important inference is, that while gestation and lactation, by the drain which they establish, are powerful predisposing causes of stomatitis materna, yet they are not, as has been supposed, the *sine qua non* to its existence; but that any cause which tends to impoverish the blood, and to obstruct the digestive and assimilative processes, may predispose the system to the disease in question.

"*Third*, That while the disease in most cases spends its chief force upon the mucous tissues, still it does not unfrequently implicate the serous and muscular coats of the stomach and bowels, closing the scene by gastric or intestinal perforation. Indeed, there is hardly a tissue or organ which may not become affected during the progress of the disease. Prof. Byford says that he saw a case where permanent deafness of one ear and exfoliation of bone from the mastoid process occurred. Prof. Brainard has seen cases in which there was ulceration of the vagina.

"We would be pleased, did time and space permit, to allude briefly to the pathology of this disease; but as circumstances require brevity, we pass to the consideration of the treatment.

"In this there are two prominent indications—first, to correct the derangement of the digestive organs; second, to restore a healthy quality of blood, and to invigorate the various functions.

"For the fulfilment of the first indication, we are possessed of a variety of means. As we generally find an acid condition of the stomach, and of the salivary and urinary secretions, ant. acids are very necessary, of which the best is b. c. soda or liquor calcis. Alkalies answer the twofold purpose of correcting the acid condition of the stomach, and at the same time neutralizing the acid state of the urine and saliva.

"When there is a strong tendency to the secretion of acid in the stomach, with profuse diarrhœa, the vegetable and mineral astringents will do good service, the best of which are logwood and sub-nitrate of bismuth.

"Dr. Hutchinson, of Ohio, has found the bismuth an excellent remedy, not only in controling the diarrhœa, etc., but also in improving the digestive powers of the stomach; and Dr. W. M. Chambers, of Charleston, relies upon it as the sheet-anchor in the treatment of this disease.

"To meet the second indication, I have found nothing superior to the vegetable and mineral tonics. I have usually prescribed a combination of the extract of gentian, sul. iron and sul. quinine. Professors Evans and Byford, of Chicago, both speak in terms of confidence in relation to the curative properties of c. l. oil in this affection. In regard to local appliances, the influence must of necessity be only temporary; yet I have derived decided temporary relief from the application of the following mixture:

℞ Tinc. sanguinaria Canadensis,
Aqua destillata, aa, 1 oz.
Sul. zinci, 30 grs.

"With regard to the diet; in the early stages it should be mild, yet nutritious. But from the first, all acid fruits and vegetables should be avoided. In the advanced stages, when the blood becomes impoverished when it has been drained of its corpuscles, of its albumen, and of the solids generally, and

when the system is being rapidly exhausted under the wasting influence of the disease, I have derived great benefit from the more concentrated forms of animal food, and, especially, a diet containing a large amount of albumen, such as eggs, milk, etc. Indeed, I have invariably, through the progress of the disease, recommended an albuminous diet, as I have generally found the blood deficient in albumen from the outset.

"There are many other points connected with this interesting and obscure affection which I would like to notice, but I must postpone their consideration till another opportunity is afforded.

"A. JACKSON CRAIN.

"HOMER, Champaign Co., Ill.,
"April 1st, 1858."

The foregoing articles upon the subject of stomatitis materna, give faithful details of the symptoms ordinarily met with in that affection. Your chairman would beg leave to add some observations in this connection:

First, as to its miasmatic origin. It cannot be said to be strictly of that character, for it is met with in all places, east or west, and in different altitudes and latitudes. It is very evident that the disease is one resulting from a failure in the assimilative process. Occurring chiefly at a time when the mother is called upon to sustain the new being both before and after birth, it is conclusive that it is owing to a want of ability to perform the double responsibility. It is a law of nature in animal life, that all other interests are sacrificed to the good of the one just ready to be brought into the world.

The fœtus in utero must be nourished, even at the expense of her who is called upon to sustain it.

It is well known that all causes that produce exhaustion of the nutritive process affect, in a prominent manner, the mucous membranes. This we see in various other diseases, among which may be named phthisis pulmonalis, where apthæ and colliquative diarrhœa result.

The same is true in the case of the mother after confinement, when the infant is to receive its nourishment from the milk, which is about as direct from the blood as was the nutriment

before birth. If the mother secretes healthy milk, a great proportion of the food she digests goes directly to the mammary glands; and if she can furnish enough for herself and her child, without feeling any effects, she of course does not have nursing sore-mouth.

But just in proportion as the child takes her capital stock, so she suffers.

It follows, then, that one of two things must be done in this disease:

1*st*, So act upon the maternal organism by our efforts, as to enable her to sustain both herself and child, or to take the child from the breast and nourish it in some other way.

No mention is made by any of those whose observations are embodied in this report, whether it was necessary to wean the infant. That is the great desideratum; for if we abstract the child from the breast as soon as the mouth becomes sore, recovery will in most cases result without any medication. Your chairman has seen cases frequently, where all the symptoms seen in the mother were witnessed in the child.

These cases appear to occur when the system of the nurse fails to secrete milk of a quality such as will nourish a child. Again, we have seen cases in which the child's mouth became sore from the nipple being in a condition similar to that of the mouth. Great care is requisite that ulcerations of the nipple should be cured on this account, as well as for the comfort of the mother.

Nitrate of silver, internally administered, has, in some cases, been followed with good effects in this disease, to correct the condition of the bowels and stop diarrhœa. As intimated elsewhere in this report, glycerine, with iod. potass and iod. ferri, is confidently recommended, together with brandy or wine, as may best suit, with eggs beat up in it, as a part of the diet. Porter, or lager beer, are excellent, taken as freely as the stomach or brain will admit.

Inasmuch as liquids of all kinds are not well borne, concentrated animal broths, or oyster soup, will serve both as drink and food. A woman suffering from sore-mouth, will, unless strict attention is paid, neglect to take nourishment, both on

account of its being painful to eat and want of appetite. For this reason food must be rigidly insisted upon, as well as medicine.

The earlier a woman begins to feel symptoms of this disease, either in gestation or lactation, the more solicitude should be felt in the prompt treatment of the case. We frequently find cases where the mouth will not begin to be sore until the child is some months old. In such cases it is advisable to wean it, unless we are satisfied that remedies are having pretty immediate effects.

It will also be found, in many cases, that the secretion of milk will be morbidly copious, amounting to galactirrhœa; much more milk is furnished than is needful for the infant, and consequently an unnecessary drain is made upon the mother's strength. We have, in such cases, advised the temporary weaning of the child. We say temporary, for it is well known that the secretion from the mammary glands may be restored after being partially or wholly suspended.

A case, now under our treatment, became at one time so severe as to demand the weaning of the child. The milk was very abundant, and the child, although some eight months old, could not take more than half. The mother, notwithstanding the use of tonics and stimulants, continued to lose strength. The infant was taken from the breast, and in less than ten days the milk had nearly ceased. The mother in the meantime had improved so much (and the child showed signs of suffering from the change), that it was again allowed to resume its former nutriment. In order to lessen, if possible, the lacteal secretion at the time of weaning, the following was applied to the breast once or twice daily:

℞	Atropia,	gr. j.
	Aqua distill.,	℥iij.
	Acetic acid,	min. ij.

After the child commenced taking the breast the milk was not so abundant as before, and at present (May 20th), the mother is improving, but takes, daily, beer, and uses the lotion of atropia.

Dr. Hiram Nance, of Lafayette, writes: "In answer to ques-

tion No. 1, I would say, as I have formerly answered, that sub-remittents and remittents prevail most in summer and autumn, and diseases of the respiratory organs during the winter and spring. I consider it unnecessary to give the causes of these diseases, as they are pretty much settled in the minds of all medical men. The symptoms have not varied materially from what are usual in our miasmatic diseases; the type has been mild and easily controled. A mild cathartic of prot. chlo. hydrarg., combined with pulv. rhei., and followed with quinine in the intermission, or, in place of quinine, sul. cinchonia would, in a few days, remove the disease. It was rarely found necessary to repeat the mercurial. The congestive or pernicious type of intermittents has not prevailed in this part of the country for several years. Our miasmatic diseases are growing less, and fevers are assuming more of a continued type, and leaving off the well-marked periodicity which so well characterized them a few years ago. So mild have been our intermittents and remittents, that I have not known a fatal case during the year.

"I think I have seen less pneumonia during the winter and spring than usual. Some cases proved tedious, resulting in *chronic* pneumonia. The cases that took this turn were those of inflammation of the base of the left lung, connected with pleuritis and bronchitis. I have not bled a patient during the winter or spring suffering under diseases of the respiratory organs. Have treated them with tart. antimony, combined with tr. opii, every two hours, and if the tongue was furred with a yellowish coat, gave a mild mercurial alterative once or twice a day. When the pulse became full and quick, respiration short, and dyspnœa very great, I suspended the tart. antimony and tr. opii, and relied pretty much upon Norwood's tr. veratrum viride. I must say that I have more confidence in it, in the treatment of such types of respiratory diseases, than I have in the vaunted remedy, tartar emetic. I visit my patient to-day and find him with a pulse full and numbering from 120 to 130, respiration quick, cough almost constant. I place him on from five to eight drops of tr. veratrum viride every three hours. On the morrow I see him again; how great the change; pulse down to 70 or 80, respiration free, and cough less annoying.

(To be continued.)

[Concluded from page 644.]

surely possesses tonic properties, and upon inflamed surfaces it appears to exert a decidedly sedative influence; and, indeed, I am inclined to attribute the curative effects which sometimes follow its administration in nervous disorders to its permanent sedative properties. It quiets nervous irritability, and thus allows a more healthy nutrition to take place. Opium, under certain circumstances, seems to act in this way. The case of diabetes which Eberle claims to have cured, was treated substantially upon opium, the whole nervous system having been kept tranquilized by this drug until nature, through the reparative process, overcame the organic disease upon which the affection depended. In my case the ipecac., it is believed, proved highly beneficial in restoring cutaneous transpiration.

And here, gentlemen, I will close, before doing which, however, I will state, that since commencing this dissertation, I have received the July No. of the *Medical News and Library*, in which I find an article to the effect that in hooping-cough the urine is always more or less saccharine. This statement is given on the authority of Dr. Gibb, and seems to have been confirmed by other observers. Now what is the condition of the brain in pertussis? It is evidently in a state of preternatural excitation, and there is strong presumption that the "olivary bodies" are involved in irritation, or perhaps even inflammation. Thus, the position that diabetes depends upon a lesion of the brain receives additional support.

Note.—In the course of the remarks which the reading of the above paper elicited, the President, Dr. Ritter, related the history of a case of diabetes which he had seen several years previously, in which there was a carious condition of the mastoid processes of the temporal bones. Whether the morbid condition of these bones depended upon disease of the base of the brain, or whether disease of the bones preceded the diabetes, he had no means of knowing. But he knew that the man, who was considerably advanced in life, had diabetes, and also suffered from a carious state of the temporal bones.

I would here render my acknowledgments to Dr. R. B. Denny, a young practitioner of unusually fine promise, for valuable assistance he afforded me in the preparation of this paper. W. M.

EDITORIAL.

CLOSE OF THE VOLUME.

The present number closes the first volume of the *Chicago Medical Journal*, and in it will be found a title page and full index. The only thing we have to regret, in looking over our work, is the fact that during the last four months we have been compelled to issue the Journal at the end instead of the beginning of each month. We shall soon be able to remedy this, however, and we have made such arrangements, both in regard to contributions and illustrations, as will secure to the forthcoming volume a higher degree of interest and value than any which has preceded it. This, with the increased size of each number, we hope will be sufficient to induce all our friends to promptly renew their subscriptions and to send us in addition many new names as subscribers.

PERSONAL.

Our very amiable cotemporary, the senior editor of the *Peninsular and Independent*, not satistfied with his recent attempt to correct our sense of propriety, seems just now much concerned about the *irascibility* of our *temper*. We are sorry to have occasioned him so much solicitude in our behalf,—but really dare not promise to do any better in future.

SUMMARY OF CLINICAL CASES PRESENTED TO THE MEDICAL CLASS ATTENDING THE MERCY HOSPITAL DURING THE MONTH OF NOVEMBER, 1858. BY E. O. F. ROLER.

The number of students attending the wards of the Mercy Hospital for clinical instruction, during the present session of Rush Medical College, is seventy-five. They are divided into two classes; one visiting the Hospital every Monday, Wednesday and Friday, and the other every Tuesday, Thursday and Saturday. The cases which have been fully, and in some instances repeatedly, presented to them during the clinic hours of the last month (November) are as follows:

1. Miss Ellen ——, aged twenty-one years, native of Ireland; has organic disease of the valves of the pulmonary artery with hypertrophy, and also signs of incipient tuberculosis of the apex of the right lung. The cardiac disease is the sequel of an attack of rheumatism three years since. The case is still under treatment.

2. Miss Kate ——, aged twenty years, native of Ireland; had well-marked typhoid fever. Discharged well.

3. Miss Mary ——, aged eighteen years, native of Germany; had a malignant pustule on the thumb. Discharged well.

4. Mrs. Mary ——, aged thirty-four, native of Ireland; had ascites, with an abdominal tumor extending from the left hypochondriac region down to the pubes, and from the concavity of the left ileum to the linea alba. After being under treatment four weeks she left the Hospital much improved.

5. Miss Ann ——, aged twenty-eight years; has chronic gastritis. Still under treatment.

6. Mrs. S. ——, aged forty-seven years, native of Ireland; had scirrhus of the pylorus, accompanied by extreme emaciation and inability to retain either food or medicine without extreme distress. Died.

7. Mrs. Mary ——, aged eighty-two years, native of Ireland; has extensive chronic bronchitis, with much emaciation, and copious purulent expectoration. Still under treatment.

8. Mrs. L. ——, aged forty-five years, native of Germany; had uterine hemorrhage. Recovered.

9. Miss Bridget ——, aged twenty-two years; had menorrhagia. Recovered.

10. Mrs. Bridget ——, aged twenty-three years, native of Ireland; had tubercular phthisis, with extensive cavities, copious purulent expectoration, and extreme emaciation. Died.

11. Mrs. Alice ——, aged thirty years, native of Ireland; has incipient tuberculosis. Still under treatment.

12. Miss Ellie ——, aged seven years; had rubeola. Recovered.

13. Miss Mary ——, aged six years; had phagedenic ulcer on the inner surface of the right cheek, with anemia. Much improved, but still under treatment.

14. Mrs. C. ——, aged forty years, native of Germany; had pneumonia. Recovered.

15. James W., aged thirty-one years, native of Ireland; admitted with complete paraphlegia, accompanied by paralysis of the sphincters of the bladder and rectum, and extensive bed-sores over the sacrum and hips. Diagnosis—disorganization of the spinal cord from sub-acute inflammation, commencing three months since. Died about two weeks after admission.

16. Anton ——, a German, aged thirty-five years; had typhoid pneumonia. Recovered.

17. Timothy C——, native of Ireland, aged thirty-eight years; had simple intermittent fever. Recovered.

18. James Mc——, native of Ireland, aged twenty-seven years; had acute conjunctivitis. Recovered.

19. Dennis H——, native of Ireland, aged thirty-two years; had pernicious intermittent, with symptoms strongly marked. Recovered.

20. Barney D——, aged twenty-six years; had typhoid fever. Recovered.

21. J. McM——, native of Ireland, aged forty-six years; had tubercular phthisis in the third stage of advancement. Still under treatment.

22. Peter ——, native of Germany, aged fifteen years; had scarlatina anginosa. Recovered.

23. John ——, aged twenty-nine years; had tubercular phthisis—its last stage. Died.

24. Moretz ——, a native of Germany, aged thirty years; had tubercular phthisis in its last stage. Died.

25. Antony D——, aged twenty-six years; had chronic bronchitis. Left the Hospital much improved.

26. John ——, a native of Germany, aged sixty-three years; had sub-acute laryngitis. Recovered.

27. Eugene ——, native of France, aged thirty-three years; had chronic dysentery with ascites. Still under treatment.

28. Charles B——, aged twenty-two years; had chronic dysentery. Discharged well.

29. James C——, native of Germany, aged twenty-one years; had complete paraphlegia, including partial paralysis

of the bladder and rectum. Attack was developed rapidly and without fever or any appreciable cause. Left the Hospital with recovery nearly complete.

30. Patrick ——, native of Ireland, aged thirty-seven years; had chronic conjunctivitis, with partial opacity of the cornea. Improved.

31. Edward B——, aged twenty-three years; had chronic bronchitis. Recovered.

32. James C——, aged seven years; had simple continued fever. Recovered.

33. James ——, aged eight years; had rubeola. Recovered.

34. Charles V——, aged four years; had impetigo. Recovered.

35. Patrick S——, aged eight years; had porrigo scutulata. Recovered.

36. John ——, aged seven years; had scrofulous swelling of the glands of the neck. Still under treatment.

37. Michael McG——, a native of Ireland, aged thirty-six yeors; had duodinitis with jaundice. Still under treatment.

38. David K——, aged twenty-three years; had typhoid fever. Recovered.

39. Karl B——, a German, aged thirty-one years; had eczema. Recovered.

40. James D——, aged eight years; had corneitis. Still under treatment.

During the daily clinics, whenever the cases under consideration presented cardiac or pectoral symptoms, each member of the class was required to practice auscultation, and examine the patient in such a manner as to acquire practical tact in diagnosis.

IN MEMORIAM.

At a meeting of the students of Rush Medical College, on Saturday evening, Jan. 1, 1859, a committee was appointed to express the sentiments of the class relative to the decease of Mr. James J. Kay, one of their number, who reported the following preamble and resolutions, which were unanimously adopted:

Inasmuch as it has pleased Him who disposes all events to remove from our midst by death Mr. James J. Kay, one of our fellow-students, and one who, by his integrity, gentlemanly deportment, kindness of heart, and unremitting diligence in the pursuit of knowledge, had won for himself the respect and esteem of all who knew him, therefore,

Resolved, That we sincerely mourn his loss, and deeply sympathize with his afflicted relatives in this hour of their inexpressible grief.

Resolved, That we tender to Mr. Atwater and family, and the room-mates of Mr. Kay, our thanks for their prompt, judicious and unceasing attention to the deceased during the whole of his illness.

Resolved, That a copy of the foregoing be sent to the parents of the deceased, to his preceptor, and to the daily papers of this city and the Freeport *Journal* and *Bulletin* for publication.

EXTRACTS.

[*From the Cincinnati Lancet and Observer.*]

TROUSSEAU'S OPINION OF TRACHEOTOMY.

Tracheotomy, well performed and badly treated, is invariably fatal; but badly performed and well treated, it succeeds in a third of the cases. The wound ought to be defended by plaster, in order to prevent its edges being injured by the borders of the canula. A woolen cravat ought to be passed three or four times loosely around the neck, so as to absorb the heat and moisture requisite for the air entering the lungs; otherwise, the mucus in the trachea dries up too rapidly, and so inflammation of it is excited. The edges of the wound ought to be cauterized, to prevent their taking on a diphtheritic covering; rub the caustic in well, the day after the operation at latest. Children operated on must be made to eat; insist on this. Despite the fever, prescribe milk, eggs, chocolate, cream, etc., as deglutition is very difficult with children; the best thing is to remove the canula as early as possible. In the angina of the diphtheritic, the canula may be removed on the sixth to the ninth day; but

sometimes it must be left for months or years. Blisters must never be used in diphtherite: they only add another complication.—*Med. Times and Gazette.*

DEATH FROM CHLOROFORM.

Dr. Robert Lee, of London, reports, in the *Med. Times and Gazette*, a case of death from chloroform, occurring in the practice of Dr. John Campbell, of Largs, in Scotland. The presentation was natural. The woman had taken chloroform in six previous labors without accident. The pains becoming active, she called for chloroform, and inhaled about ʒij., "threw herself violently back, gave a gasp or two, a slight gurgle was heard, and respiration and the pulse instantly ceased." Dr. Campbell arrived a few minutes after the death. Having no instrument, he did not deliver the child. The head rested on the perineum. It is only a few weeks since it was publicly denied that any case of death from chloroform, during labor, had ever occurred in Scotland.

A SPECIFIC FOR SCABIES.

At the last meeting of the Academy of Science, Paris, M. Bonnet, of Epinal, sent in a paper announcing that benzine is a specific for the itch. The author of the paper states that if benzine be rubbed on the parts affected, and also very slightly on the other parts of the body, a cure will be effected in the course of five minutes, after which the patient may take a warm bath for half an hour. Nevertheless, in cases where the itch is accompanied with secondary eruption, the latter will require a separate treatment.—*London Lancet.*

COLD APPLICATIONS AND SULPH. OF COPPER IN CROUP.

Dr. Pudon relates some cases as examples of the great benefit he has derived from the continuous application of cold, wet compresses to the neck, simultaneously with the administration of sulph. copper in two grain doses, every half hour; sixty-four grains having been given in one case, and seventy in another.—*Journal fur Kinder: Med. Times and Gazette.*

STRYCHNINE POISONING RELIEVED WITH CAMPHOR.

In the November, 1858, number of the *Ohio Med. and Surg. Journal*, Dr. Denig reports a case of poisoning by strychnine, which he treated with chloroform and pulv. camphor, the result being favorable. When called to see the patient she was in tetanic convulsions, and, as he satisfactorily ascertained, had taken, for purposes of self-destruction, about *one grain* of strychnine. Dr. D. administered five grs. pulv. camph. every ten minutes, administering chloroform in the meantime, for about half an hour, at the end of which time the spasms ceased to return.

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By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

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To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices. SARGENT & ILSLEY, Druggists, 140 Lake-street, Chicago.

Extractum	Aconiti Fluidum,	One fluid drachm is equal to				½	a drachm	of the crude material		
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	
"	Ergotæ	"	"	"	"	2	scruples	"		
"	Gallæ,	"	"	"	"	½	a drachm	"		
"	Gentianæ,	"	"	"	"	1	"	"		
"	Hyoscyami,	"	"	"	"	½	"	"		
"	Lobeliæ,	"	"	"	"	½	"	"		
"	Opii,	"	"	"	"	about 5	grains	"		
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.			"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,			"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"

Sargent & Ilsley's Solution of Chloride of Zinc,

For Purifying Sick Chambers, Sinks, Chamber Vessels, Vaults, Cellars, and for preserving Corpses, Preventing Moths, Exterminating Bugs, &c.

To obtain a substance harmless in itself, and free from smell, but possessed of the property of destroying all other smells, particularly such as are offensive or injurious to health, has long occupied the attention of scientific men. It has been found that Chloride of Zinc possesses this power in a high degree, and is also safe, economical and convenient.

It has received the sanction of the highest medical authority, and been very extensively introduced into the hospitals and public institutions of Europe and this country.

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Granules 1-50 *of a grain each.*

Aconitine.....in bulk
" .....Bottles of 100 Granules
Arsenious Acid.....in bulk
" .....Bottles of 100 Granules
Atropine .....in bulk
" .....Bottles of 100 Granules
Digitaline.....in bulk
" .....Bottles of 60 Granules
Morphine.....in bulk
" .....Bottles of 100 Granules
Strychnine.....in bulk
" .....Bottles of 100 Granules
Valerianate of Atropine.....in bulk
" .....Bottles of 100 Granules
Veratrine .....in bulk
" .....Bottles of 100 Granules

Granules 1-5 *of a grain each.*

Tartar Emetic.....in bulk
" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" ".....Bottles of 100 Granules
" Opium.....in bulk
" " .....Bottles of 100 Granules
Proto-Iodide of Mercury.....in bulk
" " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
" " " Bot. of 100 Granules

DRAGEES.

Ext. of Ipecac, 3-50 gr. equal to ¼ grain pow .....in bulk
" " " Boxes of 100 Dragees
Carbonate of iron, Blaud's formula.....in bulk
" " " Bottles of 130 Dragees
" " Vallet's formula .....in bulk
" " " Bot. of 130 Dragees
Carbonate of Manganese and Iron.....in bulk
" " " Bot. of 130 Dragees
Kermes, 1-5 grain.....in bulk
" " .....Boxes of 80 Dragees
Santonine, ½ grain .....in bulk
" " .....Boxes of 40 Dragees
" " .....Boxes of 20 Dragees
Bi-Carbonate of Soda, 4 gr. each.....in bulk
" " Bottles of 130 Dragees
Magnesia and Rhuburb, 1 gr. of each...in bulk
" "Bottles of 130 Dragees

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Dragees of U. S. P.

Aloes and Myrrh, 4 grains.....in bulk
Compound Cathartic, 3 grains..... "
Aloetic, 4 grains..... "
Assafœtida, 4 grains..... "
Aloes and Assafœtida, 4 grains..... "
Dinner Pills, Lady Webster's, 3 grains.. "
Comp. Calomel, Plummer's Pills, 3 grs. "
Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
Opium et Acet. Plumb, each 1 grain.... "
Extract of Rhatany, 1 grain..... "

Dragees of 1 *grain each.*

Quevenne's Iron, reduced by Hydrogen.in bulk
" " " Bottles of 100 Dragees
Conicine.....in bulk
Proto Iodide of Iron..... "
" " " .....Bottles of 100 dragees
Lactate of Iron.....in bulk
" " .....Boxes of 130 Dragees
Sulphate of Quinine.....in bulk
Valerianate of Quinine..... "

Dragees of 2 *grains each.*

Citrate of Iron.....in bulk
" " .....Bottles of 130 Dragees
Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
Diascordium.....in bulk
" .....Bottles of 130 Dragees
Anderson's Anti-bilious and Purg. Pills.in bulk
" " " Boxes of 80 Dragees
Extract of Gentian.....in bulk
Iodine of Potassium..... "
Calcined Magnesia..... "
" " .....Boxes of 200 Dragees
Rhubarb.....in bulk
" .....Boxes of 100 Dragees
Ergot, powder cov'd with sugar as soon as pulverized.....in bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
Washed Sulphur.....in bulk
Sub-Nitrate of Bismuth..... "
" " ...Boxes of 200 Dragees
Tartrate of Potassa and Iron.....in bulk
" " " Bottles of 130 Dragees

Dragees of Copaiba, pure solidified.....in bulk
" " .....Bottles of 72 Dragees
" " and Cubebs.....in bulk
" " " Bottles of 72 Dragees
" " Cubebs & Cit. Iron.in bulk
" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
" " .....Bottles of 72 Dragees
" " and Alum .....in bulk
" " " Bottles of 72 Dragees
" " Rhatany and Iron.....in bulk
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Asclepin,	Asclepias Tuberosa,	1 50
Baptisin,	Baptisia Tinctoria,	1 00
Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerasein,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin,	Cypripedium Pubescens,	1 00
Digitalin,	Digitalis Purpurea,	1 50
Euonymin,	Euonymus Americanus,	1 50
Euphorbin,	Euphorbia Corolata,	1 50
Eupatorin, (Perfo.)	Eupatorium Perfolia,	1 00
Eupatorin, (Purpu.)	Eupatorium Purpureum,	1 50
Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea,	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
Macrotin,	Macrotys Racemosa,	0 62
Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
Rhusin,	Rhus Glabrum,	1 00

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Scutellarin,	Scutellaria Lateriflora,	1 50
Senecin,	Senecio Gracilis,	1 50
Stillingin,	Stillingia Sylvatica,	1 25
Strychnin,	Strychnos Nux Vomica,	3 00
Trilliin,	Trillium Pendulum,	1 00
Veratrin,	Veratrum Viride,	1 50
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" " Digitalis Purp.	0 50
" " Euonymus Amer.	0 50
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" " Gossypium Herb.	1 00
" " Rhus Glab.	0 50
" " Scutelloria Later.	0 50
" " Senecio Gracilis.	0 50
" " Strychnos Nux Vomica.	1 00
" " Xanthoxylum Frax.	0 62
Con. Comp. Stillingia Alterative,	1 00
Xanthoxylin Pills,	0 50
	per bot.
Con. Tinc. Gelseminum Semp. 6 oz. bot.	1 00
" " Veratrum Viride, 4 oz. bot.	0 75
Wine Tinc. Lobelia Infl., 6 oz. bot.	0 50

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Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 50
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

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